

Sheet 1 of 6

Job No. _____

Date 2-16-92

[illegible]

Calculation Sheet

Computed by TAE
Checked by _____

Subject _____

Sheet 2 of 6

Job No. _____

Client Albion SIF.

Date 2-16-92

[illegible]


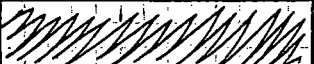

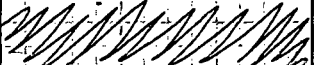
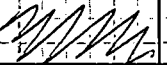
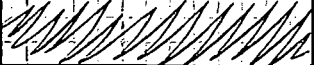

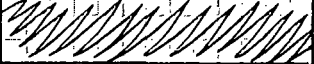
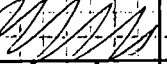
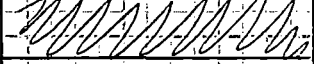
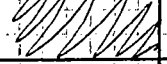
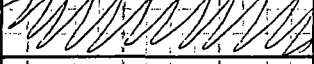


Calculation Sheet

Computed by TAE
Checked by _____

Subject _____
Client Albion S.R.

Sheet 3 of 6
Job No. _____
Date 2-16-92

COUNTY	TOWNSHIP		T	R	S	
JACKSON	PARMA		2S	3W	31	
WELL LOG #	WELL DEPTH	WATER DEPTH	DEPTH TO CLAY	CLAY THICKNESS	DEPTH TO BEDROCK	COMMENTS
31-1	198'	39'	0' W/ SAND	4'	60'	
31-2	110'	47'	0'	21'	50'	
31-3	114'	42'	0' W/ GRAVEL	10'	73'	
31-4	350'	31' 3"	0' W/ GRAVEL	14'	87'	SCREEN POSSIBLY SET IN CONFINED AQUIFER (REGIONAL?)
31-5	96'	33'	0' W/ SAND	21'	60'	
31-6	110'	37'	0' W/ SAND	21'	68'	
31-7	120'	34'	0' W/ GRAVEL	10'	63'	
31-8	115'	46'	0'	0'	36'	
31-9	198'	39'	0' W/ SAND	4'	60'	
COUNTY	TOWNSHIP		T	R	S	
JACKSON	PARMA		2S	3W	32	
WELL LOG #	WELL DEPTH	WATER DEPTH	DEPTH TO CLAY	CLAY THICKNESS	DEPTH TO BEDROCK	COMMENTS
32-1	116'	51'	0' W/ SAND	20'	75'	
COUNTY	TOWNSHIP		T	R	S	
JACKSON	CONCORD		3S	3W	5	
WELL LOG #	WELL DEPTH	WATER DEPTH	DEPTH TO CLAY	CLAY THICKNESS	DEPTH TO BEDROCK	COMMENTS
5-1	145'	32'	0' W/ SAND	6'	57'	
5-2	105'	35'	0'	0'	50'	
5-3	60'	25'	0'	12'	33'	
5-4	100'	40'	0'	0'	40'	



Calculation Sheet

Computed by TAE

Subject _____

Sheet 4 of 6

Checked by _____

Job No. _____

Client Albion Gif.Date 2-16-92

COUNTY	TOWNSHIP		T	R	S	
CALHOUN	ALBION		3S	4W	11+12	
WELL LOG #	WELL DEPTH	WATER DEPTH	DEPTH TO CLAY	CLAY THICKNESS	DEPTH TO BEDROCK	COMMENTS
11-1	120'	66'	0' w/sand & gravel	20'	40'	
12-1	150'	60'	0' w/Gravel	35'	35'	
12-2	100'	31'	0' w/sand & gravel	35'	35'	
12-3	100'	45'	0'	0'	30'	
12-4	1638'	—	0'	0'	63'	OIL EXPLORATION WELL
COUNTY	TOWNSHIP		T	R	S	
CALHOUN	SHERIDAN		2S	4W	35	
WELL LOG #	WELL DEPTH	WATER DEPTH	DEPTH TO CLAY	CLAY THICKNESS	DEPTH TO BEDROCK	COMMENTS
35-1	134'	56'	0'	0'	35'	
35-2	150'	61'	0' w/Gravel	63'	63'	
35-3	160'	71'	0'	15'	115'	
35-4	300'	40'	5'	2'	32'	
35-5	120'	62'	5' w/sand	15'	37'	
35-6	120'	42'	0'	0'	55'	
35-7	120'	59'	0'	0'	40'	
35-8	80'	21'	0'	0'	35'	



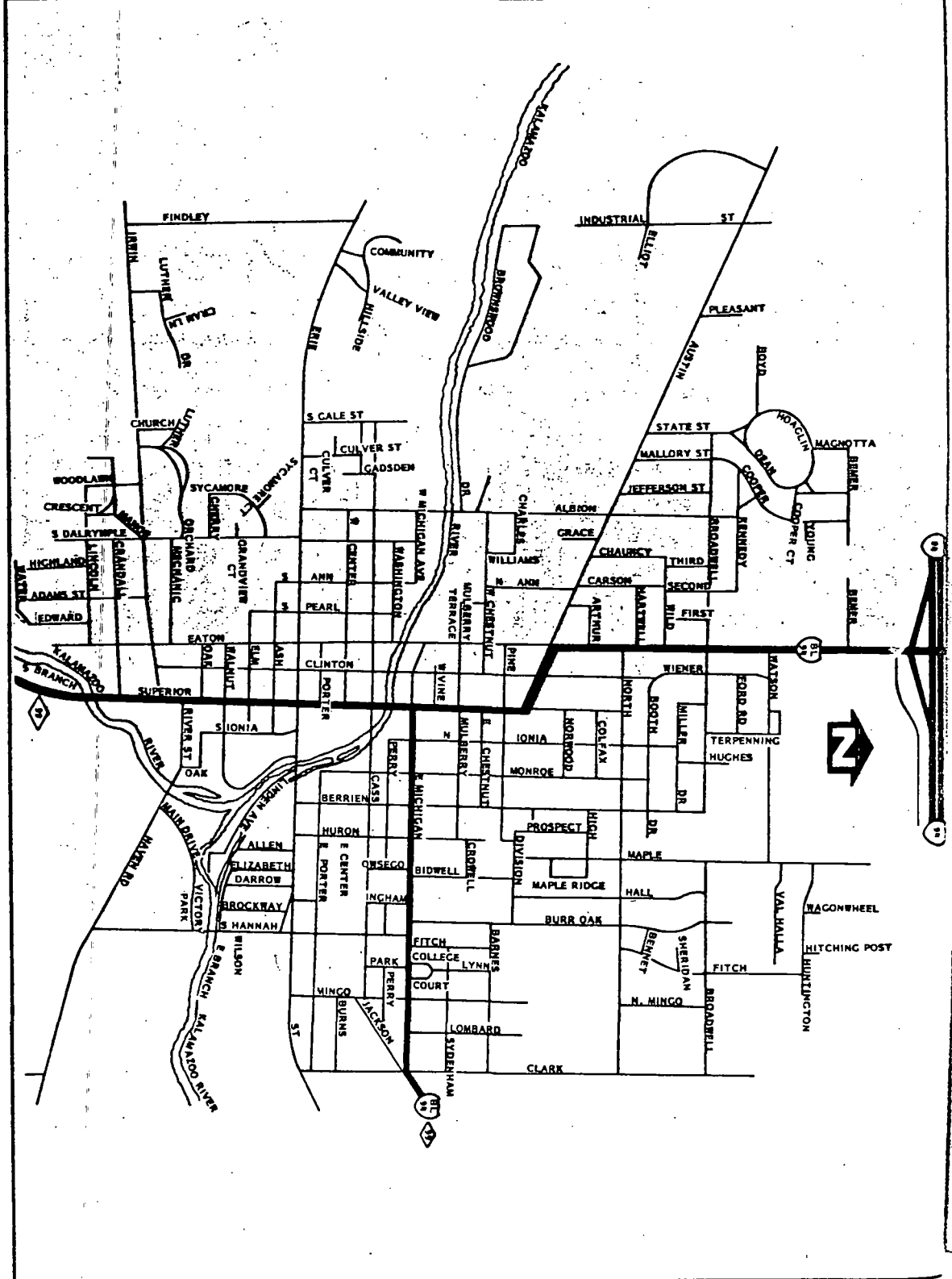
Calculation Sheet

Computed by TAE
Checked by _____

Subject _____
Client Albion SIF

Sheet 5 of 6
Job No. _____
Date 2-16-92

COUNTY	TOWNSHIP		T	R	S	
CALHOUN	SHERIDAN		2S	4W	36	
WELL LOG #	WELL DEPTH	WATER DEPTH	DEPTH TO CLAY	CLAY THICKNESS	DEPTH TO BED ROCK	COMMENTS
36-1	196'	43'	42' w/GRAVEL	13'	68'	
36-2	84'	31'	0'	3'	47'	
36-3	85'	34'	40'	10'	55'	
36-4	27'	12'	22'	4'	26'	
36-5	30'	22'	26'	3'	29'	LOCATION ??
36-6	50'	26'	0'	0'	36'	LOCATION ?
Continued on page 6 of 6						
COUNTY	TOWNSHIP		T	R	S	
CALHOUN	ALBION		3S	4W	1	
WELL LOG #	WELL DEPTH	WATER DEPTH	DEPTH TO CLAY	CLAY THICKNESS	DEPTH TO BED ROCK	COMMENTS
1-1	60'	27'	0'	7'	32'	
1-2	84'	42'	0'	8'	—	
1-3	80'	9'	0' w/SAND	13'	13'	
1-4	75'	4'	0'	0'	5'	
1-5	50'	18'	10' w/GRAVEL	15'	15'	
1-6	80'	20'	0'	0'	30'	
1-7	100'	19'	0'	0'	49'	
1-8	75'	8'	0' w/SAND	8'	18'	
1-9	95'	8'	0' w/SAND & GRAVEL	37'	37'	
1-10	78'	20'	0' w/SAND	30'	30'	
1-11	80'	11'	0' w/SAND	10'	35'	
1-12	75'	2'	0'	0'	12'	



INTEROFFICE MEMORANDUM

TO: John Stultz

FROM: Liz Bartz

DATE: July 13, 1994

RE: Wheelbrator, Albion, Michigan

John, I briefly perused the RFP for the Wheelbrator site in Albion, Michigan.

I have two concerns that I think we should discuss.

1) The site is immediately adjacent to the Albion-Sheridan TWP Landfill site. This is a Superfund site that we have been working on for the U.S. EPA since January 1992. One of the ground water source alternatives is to evaluate sinking a water supply well in on Wheelbrator property. There is a possibility that this water supply well could draw water from the landfill.

2) One of the other alternatives is to use purge water from the McGraw Edison (now Cooper Industries) remediation site. Cooper Industries is a heavy duty PRP for the Albion-Sheridan Township Landfill site.

I think it would be wise to contact your client at Wheelbrator and alert them to these potential complications. Our involvement at the Albion-Sheridan TWP Landfill site may knock us out of the running altogether. It would be beneficial to know this prior to devoting time and money to respond to the proposal.

cc: Tom Brunelle
Carl Malsom

D67d 100M. (Rev. 12-68)

29-2S-3W
Parma Twp. (Jackson Co.)

Exploratory
TD 3402 in Clinton-Cataract
Dry

McClure Oil Company

Abbott No. 1

Permit No. 21161

Drilling Contractor: McClure Oil Co. (Rotary)

Location: NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$ section 29, T. 28., R. 3W.
330' from North and 330' from East line of quarter section

Elevation: 1001.7 feet above sea level (rot. bush.)

Record by: W. E. Mantek from driller's log; formation tops from samples 10-3402;
and Schlumberger Gamma Ray-Neutron log (Schj.)

	Thickness (feet)	Depth (feet)
PLEISTOCENE:		
Drift:		
Drift (Pre. Report-Base Drift at 22')	12	12 SA.
MISSISSIPPIAN:		
Bayport:		
Drift	10	22
Lime	23	45
Sand, green	18	63 SA.
	(51)	
Michigan:		
Shale and lime shells	25	88
Sand and lime	12	100
Sand, white	6	106
Lime and sand	6	112
Sand (lost circulation at 204')	92	204 SA.
	(141)	
Marshall (?):		
Sand	11	215
Shale	18	233
Sand	185	413 SA.
	(214)	
Coldwater:		
Shale	974	1392
"Red rock"	5	1397
Shale, black ?	10	1407
Shale, blue	14	1421 Schj.
	(1002)	
Sunbury:		
Shale, blue ?	16	1437 Schj.
Berea-Radford:		
Shale, blue	46	1483 Schj.
MISSISSIPPIAN-DEVONIAN:		
Antrim:		
Shale, black	152	1635
Shale, gray	39	1674
Shale, black	21	1695
Shale, gray	3	1698 Schj.
	(215)	

JAN 05 1981

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <i>Michigan</i>	Township Name <i>Parma</i>	Fraction <i>NE 1/4 SW 1/4</i>	Section Number <i>27</i>	Town Number <i>2 N.S.</i>	Range Number <i>3 E.W.</i>
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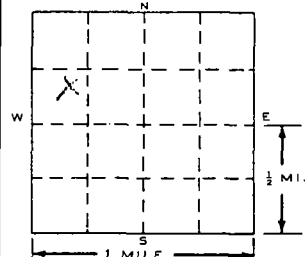
Distance And Direction from Road Intersections

*1/2 mile north of Comstock Rd
on west side of Ludlow Rd*

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

*John R. Rieckel
2630 Ludlow Road
Detroit*

4 WELL DEPTH: (completed) Date of Completion

140 ft. *10-29-80*

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug.
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

Diam. *4* in. to *54* ft. Depth Surface *4* ft.
Weight *11* lbs./ft.
Drive Shoe? Yes ☒ No ☐

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

<i>Clay sandy</i>	<i>20</i>	<i>20</i>
<i>sand</i>	<i>20</i>	<i>40</i>
<i>Gravel</i>	<i>9</i>	<i>49</i>
<i>Sandrock</i>	<i>21</i>	<i>70</i>
<i>Shale</i>	<i>13</i>	<i>83</i>
<i>Sandrock</i>	<i>5</i>	<i>88</i>
<i>Shale & Sandrock</i>	<i>27</i>	<i>115</i>
<i>Sandrock</i>	<i>45</i>	<i>?</i>

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

15 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

40 feet *E* Direction *Septic* Type
Well disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ ft. capacity _____ G.P.M.
Type: ☐ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDITIONAL INFO BY DRILLER, ITEM NO.

CORRECTED BY

APPROVED BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

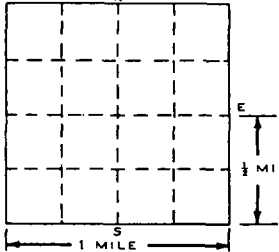
This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

Leonard W. Driller 0404
REGISTERED BUSINESS NAME *Springport* REGISTRATION NO. _____
Address _____
Signed *M. L. Leonard* Date *11/1/80*
AUTHORIZED REPRESENTATIVE

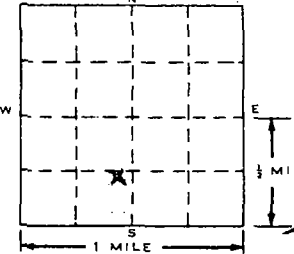
WATER WELL AND PUMP RECORD

PERMIT NUMBER

0158

1 LOCATION OF WELL		TOWNSHIP NAME		FRACTION		SECTION NUMBER		TOWN NUMBER		RANGE NUMBER					
County <u>JACKSON</u>		TOWNSHIP NAME <u>PARMA</u>		<u>1/4</u> <u>1/4</u> <u>1/4</u>		<u>29</u>		<u>2</u> <u>N/S</u>		<u>3</u> <u>E/W</u>					
Distance And Direction From Road Intersection <u>West of Camden Rd. on North Side of</u> <u>Michigan Ave. Address: 153800 Michigan Ave.</u>						3 OWNER OF WELL: <u>EVA ADAMS</u> Address <u>202 S UNION</u> <u>PARMA, MI 49369</u> Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Street Address & City of Well Location						4 WELL DEPTH: (completed) <u>80</u> ft. Date of Completion <u>12-04-87</u>									
Locate with "X" in Section Below 						Sketch Map:									
2 FORMATION DESCRIPTION						THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		7 CASING: Diameter <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Threaded <input type="checkbox"/> Welded		Height: Above/Below Surface <u>1</u> ft.			
						<u>CLAY</u>		<u>15</u>		<u>15</u>		<u>5</u> in. to <u>40</u> ft. depth		Weight _____ lbs./ft.	
						<u>GRAVEL</u>		<u>10</u>		<u>25</u>		<u> </u> in. to <u> </u> ft. depth		Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						<u>SHALE</u>		<u>20</u>		<u>45</u>		<u>3</u> in. to <u>75</u> ft. depth			
						<u>SHALE - SANDSTONE</u>		<u>35</u>		<u>80</u>		<u> </u> in. to <u> </u> ft. depth			
15. Remarks, elevation, source of data, etc.						8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____									
						9 STATIC WATER LEVEL: <u>10</u> ft. below land surface <input type="checkbox"/> Flow									
						10 PUMPING LEVEL: below land surface <u>80</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.									
						11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit									
						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>40</u> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____									
16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LIST Well Drilling Inc. 23-1077</u> REGISTERED BUSINESS NAME <u>4621 Thornton Hwy</u> REGISTRATION NO. <u>CHARLOTTE, MI 48815</u> Address <u>Yard Cord</u> Signed <u>Yard Cord</u> AUTHORIZED REPRESENTATIVE Date <u>12-07-87</u>						13 Nearest source of possible contamination Type <u>SEPTIC</u> Distance <u>50</u> ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Gould</u> Model number _____ HP <u>1/2</u> Volts <u>230</u> Length of Drop Pipe <u>25</u> ft. capacity <u>11</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>A-O Smith</u> Model number <u>V-60</u> Capacity <u>6.1</u> Gallons									
						USE A 2ND SHEET IF NEEDED									
						RECEIVED MICH. DEPT. OF PUBLIC HEALTH FEB 05 1988 Bureau of Environmental and Occupational Health - GWOS									
						D67d 2/84									

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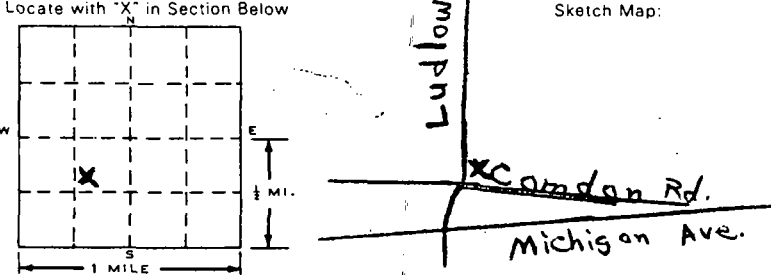
1 LOCATION OF WELL		2		3		4	
County Jackson	Township Name Parma	Fraction NE 1/4 SE 1/4 SW 1/4	Section Number 29	Town Number 2 N/S	Range Number 3 E/W	Distance And Direction From Road Intersection 600' East of Ludlow Rd. On S. side of Comdon Rd.	
Street Address & City of Well Location 15620 E. Michigan Ave. Albion, MI		Sketch Map: 		OWNER OF WELL: Advanced Paving Company Address 15620 E. Michigan Ave. Albion, MI 49224 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		WELL DEPTH: (completed) 85 ft. Date of Completion 4/14/89	
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>	
						7 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/Surface 1 ft. Weight 11 lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____	
						9 STATIC WATER LEVEL: 16 ft. below land surface <input type="checkbox"/> Flow	
10 PUMPING LEVEL: below land surface 16 ft. after 1 1/2 hrs. pumping at 15 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.							
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit							
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 25 ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Benseal No. of bags of cement _____ Additives 3 Bags							
13 Nearest source of possible contamination Type Septic Distance 65 ft. Direction North Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Fairbanks Morse Model number 3D500-8F HP 1/2 Volts 230 Length of Drop Pipe 30 ft. capacity 12 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name A. O. Smith Model number V-60 Capacity 40 Gallons							
15. Remarks, elevation, source of data, etc. <div style="text-align: center;">RECEIVED Mich. Dept. of Public Health MAY 1 1989</div>		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief R. M. Brewer & Son, Inc. 0106 REGISTERED BUSINESS NAME REGISTRATION NO. Address 215 Harrington Rd. Parma, MI 49269 Signed R. M. Brewer Date 4/18/89 AUTHORIZED REPRESENTATIVE					

1 Location of Well		County		Township Name		Fraction		Section Number		Town Number		Range Number			
JACKSON		PARMA		1/4 1/4 1/4		29		2		1/5		3 E/W			
2 Distance and Direction From Road Intersection								3 Owner of Well PRATER, IRVING							
15400 MICHIGAN AVE.								Address 15400 MICHIGAN AVE ALBION MI 49224-							
Street Address and City of Well Location								Address Same as Well Location? Yes							
Sketch Map								4 Well Depth (Completed) 100 ft.				Date of Completion 08/21/89 Replacement Well			
								5 Drilling Method ROTARY							
								6 Proposed Use DOMESTIC							
12 FORMATION DESCRIPTION		Thickness of Stratum		Depth to Bottom of Stratum		7 Casing PVC		5 in. to 60 ft. depth		Height Above Surface 1 ft.					
CLAY		00		20		Grouted Drill Hole Diameter		8 in. to 60 ft. depth		Weight lbs./ft.					
GRAVEL		20		40		Drive Shoe No		in. to ft. depth							
SHALE		40		70											
SANDSTONE		70		100											
								8 Screen Not Installed							
								9 Static Water Level 20 Ft. Below Land Surface Flow							
								10 Pumping Level Below Land Surface 100 ft. after 1 hrs. pumping at 15 G.F.M. ft. after hrs. pumping at G.F.M.							
								11 Well Head Completion PITLESS ADAPTER							
								12 Well Grouted Yes From 0 to 60 ft. BENTONITE No. of bags of cement Additives							
								13 Nearest source of Possible Contamination SEWAGE 50 Well disinfected upon completion? Yes Was old well plugged? No							
WELL WAS GROUTED FROM 0-25' WITH BENSEAL.								14 Pump Installed Pump Installation Only? No Manufacturer's Name WEBTROL Model Number HF 1/2 Volts 110 Length of Drop Pipe 45 ft. Capacity 10 Type SUBMERSIBLE Jet Pressure Tank Name A-O SMITH Pressure Tank Model V-60							
16 WATER WELL CONTRACTOR'S CERTIFICATION This well was drilled under my jurisdiction, and this report is true to the best of my knowledge and belief. REGISTERED BUSINESS NAME LJT WELL DRILLING, INC. REGISTRATION NUMBER 23-1077 ADDRESS 4621 THORNTON HWY. SIGNED <i>Lloyd Cord</i> DATE 8/22/89 (Authorized Representative)								AUTHORITY: Act 368 PA 1978 COMPLETION: Required. PENALTY: Conviction of a violation of any provision is misdemeanor. IMPORTANT: File with deed.							

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1673

1 LOCATION OF WELL		3 OWNER OF WELL:	
County Jackson	Township Name Parma	Belote Homes, Inc.	
Distance And Direction From Road Intersection On N.E. Corner of Comdon Rd & Ludlow Rds Intersection.		Address 4833 Springbrook Rd. Jackson, Michigan 49201	
Street Address & City of Well Location Ludlow Rd. Albion, Michigan 49224		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Locate with "X" in Section Below		4 WELL DEPTH: (completed) 74 ft. Date of Completion 12/15/88	
		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>	
2 FORMATION DESCRIPTION		7 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded	
		Height: Above/Below Surface 1 ft. Weight 11 lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Clay & Stones		4 in. to 37 ft. depth	
		Grouted Drill Hole Diameter _____ in. to _____ ft. depth	
Brown Limerock		8 SCREEN: <input checked="" type="checkbox"/> Not Installed	
Gray Sandy Shale		Type _____ Diameter _____	
Gray Sandrock		Slot/Gauze _____ Length _____	
		Set between _____ ft. and _____ ft.	
		FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check	
		<input type="checkbox"/> Blank above screen _____ ft. Other _____	
		9 STATIC WATER LEVEL: 20 ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface	
		21 ft. after 1 1/2 hrs. pumping at 15 G.P.M.	
		_____ ft. after _____ hrs. pumping at _____ G.P.M.	
		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade	
		<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 25 ft.	
		<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Benseal	
		No. of bags of cement _____ Additives _____	
		13 Nearest source of possible contamination	
		Type Septic Distance 54 ft. Direction W.	
		Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only	
		Manufacturer's name Standard	
		Model number 9D9P051 HP 1/2 Volts 230	
		Length of Drop Pipe 40 ft. capacity 12 G.P.M.	
		TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet	
		PRESSURE TANK:	
		Manufacturer's name A.O. Smith	
		Model number V-60 Capacity 40 Gallons	
15. Remarks, elevation, source of data, etc.		16. WATER WELL CONTRACTOR'S CERTIFICATION:	
		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
		R. M. Brewer & Son, Inc. 0106	
		REGISTERED BUSINESS NAME REGISTRATION NO.	
		Address 215 Harrington Rd. Parma, Mich. 49269	
		Signed Kenneth Brewer Date 12/20/88	
		AUTHORIZED REPRESENTATIVE	

D67d 2/84

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

29-3

D67d 12/85

GEOLOGICAL SURVEY COPY

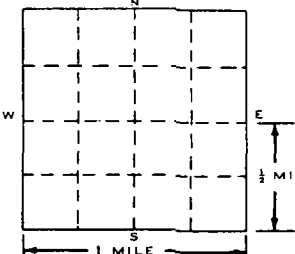
Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1083

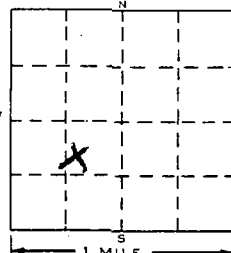
1. LOCATION OF WELL		TOWNSHIP NAME		FRACTION		SECTION NUMBER		TOWN NUMBER		RANGE NUMBER	
County: JACKSON		PARMA		1/4 1/4 1/4		29		2 MS		3 EW	
Distance And Direction From Road Intersection 1st Place West of Michigan Ave. on S. Side of Condon Rd. Address: 15391 Condon Rd.						3. OWNER OF WELL: EVA ADAMS Address: 202 S. Union PARMA, MI 49269 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Street Address & City of Well Location						4. WELL DEPTH: (completed) 80 ft. Date of Completion 12-04-87					
Locate with "X" in Section Below 						5. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>					
2. FORMATION DESCRIPTION						6. USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>					
						7. CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded 5 in. to 39 ft. depth 8 in. to 39 ft. depth 8 in. to 39 ft. depth 8 in. to 39 ft. depth Height Above/Below Surface 1 ft. Weight lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No					
CLAY						THICKNESS OF STRATUM 25		DEPTH TO BOTTOM OF STRATUM 25		8. SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____	
SHALE						14		39		9. STATIC WATER LEVEL 10 ft. below land surface <input type="checkbox"/> Flow	
SHALE & Sand stone						41		80		10. PUMPING LEVEL: below land surface 80 ft. after 1 hrs. pumping at 30 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
										11. WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
										12. WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 39 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____	
										13. Nearest source of possible contamination Type Septic Distance 50 ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
										14. PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Gould Model number _____ HP 1/2 Volts 230 Length of Drop Pipe 25 ft. capacity 11 G.P.M. TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: A-O SMITH Manufacturer's name _____ Model number V-60 Burred Capacity 6.1 Gallons	
15. Remarks, elevation, source of data, etc. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"><p>RECEIVED</p><p>MICH. DEPT. OF PUBLIC HEALTH</p><p>MAY 27 1988</p><p>Division of Environmental and Occupational Health - GWOS</p></div>						16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LST. Well Drilling Inc 23-1077 REGISTERED BUSINESS NAME REGISTRATION NO. Address 4621 Thornton Hwy Charlotte, MI 48813 Signed Lloyd Coud Date 12-07-87 AUTHORIZED REPRESENTATIVE					

DEC 1 1976

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <u>Walton</u>	Township Name <u>Parma</u>	Fraction <u>SWNE 1/4</u>	Section Number <u>29</u>	Town Number <u>2</u>	Range Number <u>3</u>
Distance And Direction from Road Intersections <u>1.1 mile north of Comdon Road on east side of Ludlow Road</u>			Address <u>14550 Piquette Road</u> <u>Albion</u>		
Street address & City of Well Location <u>14550 Ludlow Road</u>			4 WELL DEPTH: (completed) Date of Completion <u>78</u> ft. <u>11-9-76</u>		
Locate with "X" in section below 			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
Sketch Map: <u>Permit # 5023</u>			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/below Diam. <u>4</u> in. to <u>47</u> ft. Depth Surface <u>15</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM	8 SCREEN:		
<u>Clay</u>	<u>10</u>	<u>10</u>	Type: _____ Dia.: _____		
<u>Sand & gravel</u>	<u>38</u>	<u>48</u>	Slot/Gauze _____ Length _____		
<u>Lime rock</u>	<u>18</u>	<u>66</u>	Set between _____ ft. and _____ ft.		
<u>Sand rock</u>	<u>4</u>	<u>70</u>	Fittings: _____		
<u>Lime rock</u>	<u>8</u>	<u>?</u>	9 STATIC WATER LEVEL <u>20</u> ft. below land surface		
			10 PUMPING LEVEL below land surface <u>30</u> ft. after <u>3</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination <u>60</u> feet <u>SE</u> Direction <u>septic</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Well Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springport</u> Signature <u>M. Leonard</u> Date <u>11-13-76</u> AUTHORIZED REPRESENTATIVE		

SEP 27 1976

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Jackson Township Name Parma Fraction SW 1/4 NW 1/4 Section Number 29 Town Number 2 N. Range Number 13 E. W.

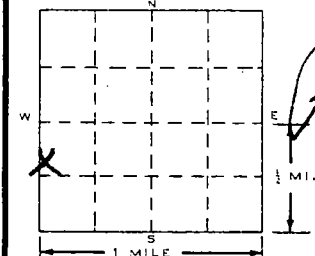
Distance and Direction from Road Intersections

2 mi. west of Yellow Road
on south side of Compton Road

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



Permit # 4798

3 OWNER OF WELL:

Address 14095 Compton Road
Chilbion

4 WELL DEPTH: (completed) Date of Completion

155 ft. 9-3-76

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/below

Diam. 4 in. to 5 1/2 ft. Depth 2 ft.
Weight 11 lbs./ft.

Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

39 ft. below land surface

10 PUMPING LEVEL below land surface

per test after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☐ Pitless Adapter ☒ Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

60 feet SW Direction septic Type

Well disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible

☐ Jet ☐ Reciprocating

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay	12	12
Clay gravelly	5	17
Gravel	5	22
Clay	4	26
Sand & gravel	17	43
Lime rock & shale	92	135
Sand rock	20	?

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Leonard Wilk 0404

REGISTERED BUSINESS NAME REGISTRATION NO.

Address Springport

Signed M. Leonard Date 9-4-76

AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

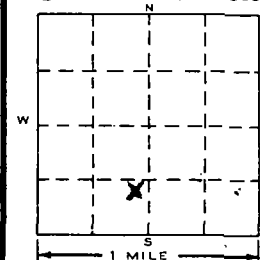
1 LOCATION OF WELL

County Jackson Township Name Parma Fraction SW Section Number 29 Town Number 2 Range Number 3 N/S. E/W.

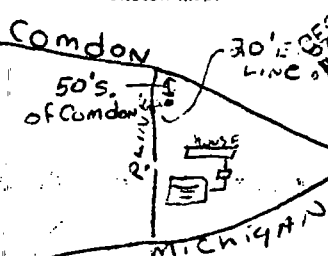
Distance And Direction from Road Intersections

Street address & City of Well Location

Locate with "X" in section below



Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay

20

20

Shale

16

36

Sandstone

44

80

OWNER OF WELL

Wa Stamm
202 Union St.
Parma, Mi.

WELL DEPTH: (completed) 80 ft. Date of Completion 9-10-84

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☐ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☐ Welded ☐ Height: Above/Below
Diam. Plastic Surface 1 ft.

5 in. to 36 ft. Depth Weight lbs./ft.
 in. to ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: Dia.: Slot/Gauze Length Set between ft. and ft.Fittings:

9 STATIC WATER LEVEL

20 ft. below land surface

10 PUMPING LEVEL below land surface

80 ft. after 1 hrs. pumping 25 g.p.m. ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl) Hardness Other

12 WELL HEAD COMPLETION:

☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☒ Yes ☐ No☐ Neat Cement ☒ Bentonite ☐Depth: From ft. to ft.

14 Nearest Source of possible contamination

 feet Direction Type Well disinfected upon completion ☒ Yes ☐ No15 PUMP: ☐ Not installedManufacturer's Name McDonaldModel Number HP 1/2 Volts 230Length of Drop Pipe 25 ft. capacity 10 G.P.M.Type: ☒ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data RECEIVED
Mich. Dept. of Public Health

NOV 28 1984

Bureau of Environmental and
Occupational Health - GWOS

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.LJT Well Drilling 1077
REGISTERED BUSINESS NAME REGISTRATION NO.Address R#2 Charlotte, Mi.Signed Date
AUTHORIZED REPRESENTATIVE

APR 30 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County JACKSON Township Name PARMA Fraction SE 1/4 SW 1/4 SW 1/4 Section Number 29 Town Number 2 S. Range Number 3 N. W.

Distance And Direction from Road Intersections

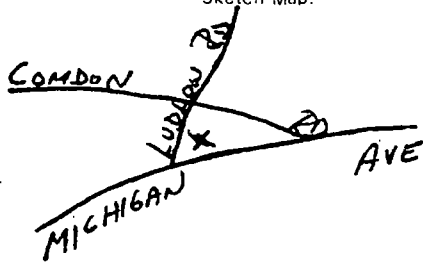
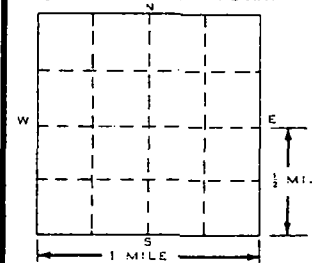
N.E. CORNER OF W. MICHIGAN AVE AND
LUDELOW RD.

W. MICHIGAN AVE
PARMA MICHIGAN

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address Tom Robinson & Son Inc.
2401 Brooklyn Rd
Jackson, Michigan

4 WELL DEPTH: (completed) Date of Completion

123 ft. 5/4/73

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ _____

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐ _____

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

Diam. 6 in. to 44 ft. Depth 1 ft.
Weight 19 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

14 ft. below land surface

10 PUMPING LEVEL below land surface

24 ft. after 2 hrs. pumping 100 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☐ Pitless Adapter ☒ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐ _____
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

_____ feet _____ Direction _____ Type _____
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installed

Manufacturer's Name Deming Turbine
Model Number 4700 HP 5 Volts 440
Length of Drop Pipe 40 ft. capacity 75 G.P.M.

Type: ☐ Submersible ☐ Reciprocating
☐ Jet ☐ Turbine

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Well Permit # 2393
ADDED INFO BY DRILLER, ITEM NO. _____
*CORRECTED BY 94
**ADDITION BY _____
ELEVATION _____
DEPTH TO ROCK _____

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc. 106
REGISTERED BUSINESS NAME REGISTRATION NO.

Address Parma, Michigan 49269

Signed William Stebun Date 5/30/73
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
JACKSON		PARMA		NWNW 1/4 SW 1/4		29		2 N.S.		3 E.W.			
Distance And Direction from Road Intersections about 2 1/2 miles west of Suedow Rd, about 70' north of Condon Rd													
Street address & City of Well Location													
Locate with "X" in section below													
Sketch Map:													
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL							
clay brown		4		4		Address: 134 N. 1st St. Dr. Alton 4 WELL DEPTH: (completed) Date of Completion 100 ft. JAN 10 1973 5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> 6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 18" ft. 4 in. to 60 ft. Depth Weight 11 lbs./ft. in. to ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
clay brown sandy		46		50		8 SCREEN:							
soft gray fine Rock		5		55		Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: NONE 9 STATIC WATER LEVEL 46 ft. below land surface 10 PUMPING LEVEL below land surface 56 ft. after 2 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.							
Hard gray fine Rock		23		78		11 WATER QUALITY in Parts Per Million: UNKNOWN							
medium hard gray fine & sandy		22		100		Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____ 12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade 13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft. 14 Nearest Source of possible contamination 60 feet North Direction Septic Tank Field Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
16 Remarks, elevation, source of data, etc.													
ADDED INFO. BY DRILLER, <u>LEONARD</u> CORRECTED BY <u>[Signature]</u> 17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LEONARD WELL DRILLING CO</u> REGISTRATION NO. <u>04104</u> Address <u>Springport</u> Signed <u>M. Leonard</u> Date <u>1-13-73</u> AUTHORIZED REPRESENTATIVE													

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			County <u>Jackson</u> Twp. <u>Parma</u> Fraction <u>SW 1/4 SW 1/4 NE 1/4</u> Section No. <u>30</u> Town <u>2 S.</u> Range <u>3 W.</u>	
Distance And Direction from Road Intersections <u>4 miles North of road on East side of M-99</u>			3 OWNER OF WELL: Address <u>1432 E. Meek Ave. Albion</u>	
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>115</u> ft. Date of Completion <u>3-18-70</u>	
<u>Clay</u>	<u>10</u>	<u>10</u>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
<u>Sand</u>	<u>25</u>	<u>35</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
<u>Sand Gravel</u>	<u>13</u>	<u>48</u>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <u>3</u> ft. Diam. <u>4</u> in. to <u>70</u> ft. Depth Weight <u>11</u> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<u>Sand & gravel pockets</u>	<u>22</u>	<u>70</u>	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
<u>lime & sand rock</u>	<u>25</u>	<u>95</u>	9 STATIC WATER LEVEL <u>30</u> ft. below land surface	
<u>Sand rock</u>	<u>20</u>	<u>115</u>	10 PUMPING LEVEL below land surface <u>35</u> ft. after <u>2</u> hrs. pumping <u>37</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____	
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
			14 SANITARY: Nearest Source of possible contamination <u>50</u> feet <u>SE</u> Direction <u>septic</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			15 PUMP: Manufacturer's Name <u>Others</u> Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Willard</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>111 S. Sycamore St.</u> Signed <u>M. Leonard</u> Date <u>3-20-70</u> AUTHORIZED REPRESENTATIVE	

WATER WELL AND PUMP RECORD

PART 127 ACT-368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		TOWNSHIP		RANGE		SECTION		TOWN		RANGE	
County	Township Name	Fraction	Section Number	Town Number	Range Number						
Jackson	Palma	1/4 1/4	30	2	3						
Distance And Direction From Road Intersection about middle between M 99 and Pulaski Rd on south side of Comdon						3 OWNER OF WELL Harold Harvey 16141 Comdon Rd Albion MI 49224 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Street Address & City of Well Location						4 WELL DEPTH (completed) 49 ft Date of Completion 3-16-84					
Locate with "X" in Section Below						5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>					
Sketch Map: 						6 USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>					
7 CASING: Diameter 4 in. to 38 ft. depth <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height Above/Below Surface 0 ft. Weight 11 lbs./ft. Grouted Drill Hole Diameter <input type="checkbox"/> Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						8 SCREEN <input checked="" type="checkbox"/> Not Installed Type None Diameter _____ Length _____ Slot Gauge _____ Set between _____ ft. and _____ ft. FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____					
2 FORMATION DESCRIPTION first 18 ft when clean held water with no noticable loss! Loss of water quite noticable from 18 to 25 ft. 0-12 clay - red 12 12 12-14 clay + gravel - hard Rd 2 14 14-18 clay + sand softer 4 18 18-34 clay + stones - red 16 34 34-49 - Rock - Hard! (Granite? sand rock) 15 49 2 holes drilled to 25 ft pulled because of stones filled with bentonite about 50 ft east of finished well						9 STATIC WATER LEVEL: 24 ft. below land surface <input type="checkbox"/> Flow					
						10 PUMPING LEVEL below land surface 25 ft. after 1 hrs. pumping at 20 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.					
						11 WELL HEAD COMPLETION <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit					
						12 WELL-GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 38 ft. <input type="checkbox"/> Heat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement 5 1/2 Additives none					
						13 Nearest source of possible contamination Type Septic Distance 70 ft Direction South Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
						14 PUMP <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft capacity _____ G.P.M. TYPE <input type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons					
15. Remarks, elevation, source of data, etc. Permit # 8830 Iron - 1 hardness - 2 RECEIVED Mich. Dept. of Public Health MAY 9 1984						16 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Ray Leonard Well Drilling 13-0769 REGISTERED BUSINESS NAME REGISTRATION NO. Address 12248 S. Michigan Rd. Albion MI 49017 Signed Ray Leonard Date 3-16-84 AUTHORIZED REPRESENTATIVE					

067d (Rev 10-80)

Bureau of Environmental and
Occupational Health - EWQS

GEOLOGICAL SURVEY COPY

30-2

AUG 16 1982

WATER-WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

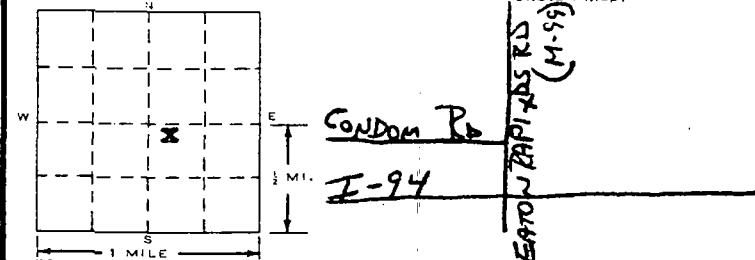
County Jackson	Township Name Parma	Fraction 14 14 14	Section Number 30	Town Number 2 S.	Range Number 3 NW.
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Distance And Direction from Road Intersections **1/10th Mile north of**
Condom Rd. on east side of rd.
Eaton Rapids Rd.
Albion, Michigan 49224

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Joe Hubbard
16344 Condom Rd.
Albion, Michigan 49224

Address

4 WELL DEPTH: (completed) Date of Completion

115 ft. **1/8/82**

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
 Diam. Surface **1** ft.

4 in. to **83** ft. Depth Weight **11** lbs./ft.
 Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 Fittings: _____

9 STATIC WATER LEVEL

45 ft. below land surface

10 PUMPING LEVEL below land surface

46 ft. after **2** hrs. pumping **17** g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
 Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐
 Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

_____ feet _____ Direction _____ Type
 Well disinfected upon completion ☐ Yes ☒ No

15 PUMP: ☐ Not installed

Manufacturer's Name **Roda**
 Model Number **9D9P051** HP **1/2** Volts **230**
 Length of Drop Pipe **60** ft. capacity **10** G.P.M.
 Type: ☒ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Well Permit #8097

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
 to the best of my knowledge and belief.

R. M. Brewer & Son Inc.

REGISTRATION NO. **106**

Address **Parma, Michigan 49269**

Signed **R. M. Brewer** 1/29/82
 AUTHORIZED REPRESENTATIVE

GEOLOGICAL SURVEY

☐ ACT 61 PA 1939
☐ ACT 315 PA 1969

NOV 23 1987

STATE OF MICHIGAN
 DEPARTMENT OF NATURAL RESOURCES

GEOLOGICAL SURVEY DIVISION
 P.O. BOX 30028
 LANSING, MICHIGAN-48909

LOG OF OIL, GAS OR MINERAL WELL WATER WELL
 PERMITS & EXEMPTIONS
 SUBMIT IN TRIPlicate WITHIN 30 DAYS AFTER WELL COMPLETION

1. LOCATION DATA			NAME(S) & ADDRESS OF OWNER(S) SHOWN ON PERMIT P.P.G. 1 Jackson Sq/Suite 600 Jackson, MI		NAME & ADDRESS OF DRILLING CONTRACTOR(S) Hart Well Drilling Company 1154 S. Jefferson Street Mason, MI 48854	
LEASE NAME(S) & WELL NUMBER SHOWN PERMIT Smith 1-31					PERMIT NUMBER 40689	
COUNTY Jackson	TOWNSHIP Parma	FRACTION SE 1/4 NE 1/4 NW 1/4	SECTION NO. 31	TOWN NO. T2S	N/S N/S	RANGE NO. R3W E/W
2. FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	3. WELL DEPTH (completed) 198 ft. Date of Completion 11-13-87		
Sandy Clay, Gravel & Stones		4	4	4. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>		
Sand, Gravel & Stones		49	53	5. CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 4 in to 84 ft. depth Height: Above/Below Surface 17" X 6 in to 82 ft. depth Weight 11 lbs /ft 6 in to 82 ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Gravel & Stones w/Mixed Sandstone		7	60	6. SCREEN <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft Other _____		
Shale w/Lime Strips		11	71	7. STATIC WATER LEVEL 39 ft below land surface <input type="checkbox"/> Flow		
Hard Sandstone		4	75	8. PUMPING LEVEL. below land surface 80 ft after _____ hrs. pumping at 30 G.P.M w/air _____ ft after _____ hrs. pumping at _____ G.P.M.		
Green Shale & Lime		4	79	9. WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____		
Gray Shale w/Sandstone Strips		8	87	10. PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Temporary Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____		
Sandstone w/Crevises		111	198	11. REMARKS(ELEVATION, SOURCE OF DATA, WATER QUALITY, ETC.)		
(USE A 2ND SHEET IF NEEDED)						
12. AUTHORIZED REPRESENTATIVE CERTIFICATION. (THIS WELL WAS DRILLED UNDER MY AUTHORITY AND THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.)						
NAME David W. Hart						
ADDRESS 111 Tuttle Rd. Mason, MI 48854						
SIGNED David W. Hart DATE 11-21-87				(USE A 2ND SHEET OR ATTACH SUPPLEMENTS IF NEEDED)		

DIST: [ORIGINAL-PERMIT FILE] [COPY-GROUNDWATER] [COPY-DISTRICT FILE]

PR-7200-10(10/84)

JAN 13 1978

WATER WELL RECORD

ACT 294 PA 1965

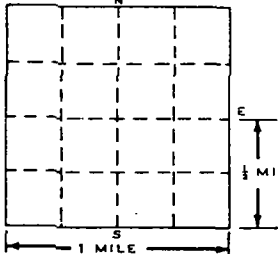
MICHIGAN DEPARTMENT

OF
—PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
Jackson		Harmon		NE 1/4		NE 1/4		31		2		13 N.W.	
Distance And Direction from Road, Mileage													
12 miles up Linley Road on north side of Mich. Ave.													
Street address & City of Well Location													
Address 16425 E Michigan Albion Michigan													
3 OWNER OF WELL:													
4 WELL DEPTH: (completed) 110 ft. Date of Completion 10-21-77													
5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>													
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>													
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 1 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM									
Clay		21		21									
Sand		29		50									
Clay & shale		14		64									
8 SCREEN:													
Type: _____ Dia.: _____													
Slot/Gauze _____ Length _____													
Set between _____ ft. and _____ ft.													
Fittings: _____													
9 STATIC WATER LEVEL													
47 ft. below land surface													
10 PUMPING LEVEL below land surface													
57 ft. after 1 hrs. pumping 30 g.p.m.													
_____ ft. after _____ hrs. pumping _____ g.p.m.													
11 WATER QUALITY in Parts Per Million:													
Iron (Fe) _____ Chlorides (Cl) _____													
Hardness _____ Other _____													
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade													
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>													
Depth: From _____ ft. to _____ ft.													
14 Nearest Source of possible contamination													
60' feet No Direction Septic Type													
Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
15 PUMP: <input type="checkbox"/> Not installed													
Manufacturer's Name Sigurd Pump													
Model Number 10FV HP 2 Volts 220V													
Length of Drop Pipe 60 ft. capacity 12 G.P.M.													
Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating													
16 Remarks, elevation, source of data, etc.													
17 WATER WELL CONTRACTOR'S CERTIFICATION:													
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.													
REGISTERED BUSINESS NAME Leonard Well Drilling													
REGISTRATION NO. 0404													
Address Springboro													
Signed M. Leonard Date 11-19-77													
AUTHORIZED REPRESENTATIVE													

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		2 FORMATION DESCRIPTION		3 OWNER OF WELL:	
County <u>TACKSON</u>	Township Name <u>Summit</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number <u>31</u>	Town Number <u>3</u> N/S	Range-Number <u>1</u> E/W
Distance And Direction From Road Intersection <u>MAPLE LAKE NORTH OF SEARS ON THE EAST SIDE OF THE RD</u>		Sketch Map: 		Date Completed MO. <u>11</u> DAY <u>23</u> YEAR <u>88</u>	
Street Address & City of Well Location		Address <u>M-R Builder</u> <u>PO Box 486</u> <u>ANAPOLIS MD 49261</u>		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Locate with "X" in Section Below		4 WELL DEPTH: <u>160</u> FT.		<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>			
		7 CASING Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded <u>5</u> in. to <u>31</u> ft. depth		Height: Above/Below Surface <u>1</u> ft.	
		<u>8</u> in. to <u>31</u> ft. depth <u>8</u> in. to <u>31</u> ft. depth <u> </u> in. to <u> </u> ft. depth		Weight <u> </u> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
		8 SCREEN: <input checked="" type="checkbox"/> Not Installed			
		Type <u> </u> Diameter <u> </u>			
		Slot/Gauze <u> </u> Length <u> </u>			
		Set between <u> </u> ft. and <u> </u> ft.			
		FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <u> </u> ft. Other <u> </u>			
		9 STATIC WATER LEVEL: <u>30</u> ft. below land surface <input type="checkbox"/> Flow			
		10 PUMPING LEVEL: below land surface <u>160</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M. <u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.			
		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			
		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>51</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other <u> </u> No. of bags of cement <u> </u> Additives <u> </u>			
		13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>50</u> ft. Direction <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>FAIRBANKS MOORE</u> Model number <u> </u> HP <u>3/4</u> Volts <u>220</u> Length of Drop Pipe <u>85</u> ft. capacity <u>18</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: <u>A-O Smith</u> Manufacturer's name <u> </u> Model number <u>V-200</u> Capacity <u>20</u> Gallons			
15. Remarks, elevation, source of data, etc. <u>WELL GROUTED FROM 0 TO 51 FT. BEUSEAL</u>		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>TT Well Drilling Inc 23-1077</u> REGISTERED BUSINESS NAME <u> </u> REGISTRATION NO. <u> </u> Address <u>277 Charlotte Mich</u> Signed <u> </u> Date <u>12-6-88</u> AUTHORIZED REPRESENTATIVE			

WATER WELL RECORD

ACT 294 PA 1965

1 LOCATION OF WELL

County Jackson	Township Name Parma	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 31	Town Number 2 N S.	Range Number 3 E W.
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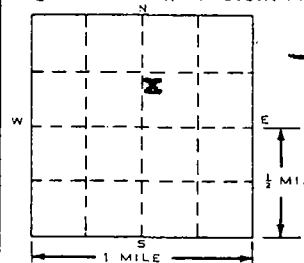
Distance And Direction from Road Intersections **NE Corner of
M-99 and Michigan Ave.**

Michigan Ave
Ablion, Michigan

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



Sketch Map:

I-94

M-99

DRIVE INN THEATER

MICHIGAN AVE

3 OWNER OF WELL:

Address **Mid State Theaters**
P.O. Box 388
DURAND, MICHIGAN

4 WELL DEPTH: (completed) 114 ft. Date of Completion 11-7-78

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ _____

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐
Diam. _____
Height: Above/Below _____
Surface 1 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐
4 in. to 76 ft. Depth
_____ in. to _____ ft. Depth

8 SCREEN: _____

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL
42 ft. below land surface

10 PUMPING LEVEL below land surface
43 ft. after 1 1/2 hrs. pumping 16 g.p.m.
 _____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☐ No
☐ Neat Cement ☐ Bentonite ☐ _____
 Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
75 feet **W&N** Direction **Septic** Type
 Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☐ Not installed

Manufacturer's Name Webtrol

Model Number 102-58b HP 1/2 Volts 230

Length of Drop Pipe 52 ft. capacity 10 G.P.M.

Type: ☒ Submersible ☐ Jet ☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

~~•CORRECTED BY~~

•• ADDITION BY

~~ELEVATION~~

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Well Permit #6279

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc. **106**
REGISTERED BUSINESS NAME REGISTRATION NO.

Address Parma, Michigan 49269

Signed Kenneth Bremer Date 11/10/78
 AUTHORIZED REPRESENTATIVE

JAN 29 1982

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

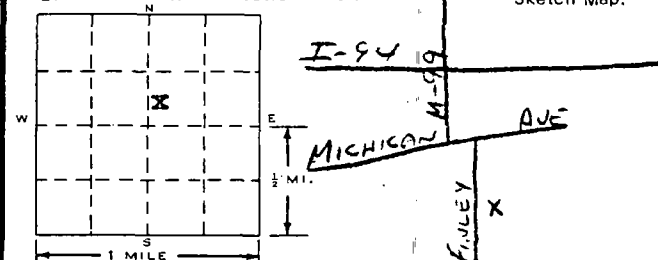
1 LOCATION OF WELL

County Jackson	Township Name Parma	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 31	Town Number 2 N/S.	Range Number 3 E/W.
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Distance And Direction from Road Intersections **1/10th Mile South**
of Michigan Ave on East side of rd.**Finley Rd.**Street address & City of Well Location **Albion, Michigan 49224**

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Contec Inc.

Address

14400 Cornell**Concord, Michigan 49237**

4 WELL DEPTH: (completed) Date of Completion

96

ft.

4/28/81

<input checked="" type="checkbox"/> Cable tool	<input type="checkbox"/> Rotary	<input type="checkbox"/> Driven	<input type="checkbox"/> Dug
<input type="checkbox"/> Hollow rod	<input type="checkbox"/> Jetted	<input type="checkbox"/> Bored	<input type="checkbox"/>
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry			
<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial			
<input type="checkbox"/> Test Well <input type="checkbox"/>			

7 CASING: Threaded ☒ Welded ☐

Diam.

Height: Above/Below

Surface **1** ft.**4** in. to **66** ft. DepthWeight **11** lbs./ft.Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____	Dia.: _____
Slot/Gauze _____	Length _____
Set between _____ ft. and _____ ft.	
Fittings: _____	

9 STATIC WATER LEVEL

33 ft. below land surface

10 PUMPING LEVEL below land surface

34 ft. after **1 1/2** hrs. pumping **20** g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

65 feet **So.** Direction **Sepic** TypeWell disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installedManufacturer's Name **Webtrol**Model Number **10SB101** HP **1** Volts **230**Length of Drop Pipe **18** ft. capacity **10** G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

16 Remarks, elevations, source of data, etc.

Well Permit #2886

Under name of **Shen Grundeman**

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc.**106**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **Parma, Michigan 49260**Signed **Kenneth Brewer**

AUTHORIZED REPRESENTATIVE

Date **4/30/81**

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Jackson	Township Name Parma	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 31	Town Number 2 W.S.	Range Number 3 N.W.
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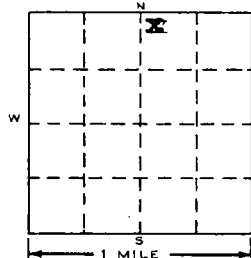
Distance And Direction from Road Intersections **M-99 and E. Michigan Ave. Intersection**

Street address & City of Well Location

Same

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address
**Albion Drive In
E. Michigan
Albion, Michigan 49224**

4 WELL DEPTH: (completed) Date of Completion

110 ft. **5/18/81**

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☐ Domestic ☒ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☒ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐
Diam. **4** in. to **7 1/2** ft. Depth
Height: Above **1** ft. Surface
Weight **11** lbs./ft.
Drive Shoe? Yes ☒ No ☐

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Sandy clay and stone	21	21
Sandy gravel clay	47	68
Black shale	3	71
Gray sandrock	39	110

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

37 ft. below land surface

10 PUMPING LEVEL below land surface

39 ft. after **2** hrs. pumping **17** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

100 feet **W** Direction **Septic** Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installed
Manufacturer's Name **Reda**
Model Number **9D9P050** HP **1/2** Volts **115**
Length of Drop Pipe **50** ft. capacity **10** G.P.M.
Type: ☒ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, **ITEM NO.**
Well Permit #7924
CORRECTED BY:
ADDITION

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc. **106**
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **Parma, Michigan 49269**

Signed **Kenneth Brewer** Date **5/29/81**
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County JACKSON		Township Name Parma		Fraction SW 1/4 SE 1/4		Section Number 36		Town Number 2 N.S.		Range Number 3 E.W.	
Distance And Direction from Road Intersections													
Street address & City of Well Location 216 FULTON BLVD. PARMA													
Locate with "X" in section below 													
3 OWNER OF WELL Arthur J. Long Address 187 1/2 State St. Mead Center													
4 WELL DEPTH: (completed) Date of Completion 95 ft. May 12 1971													
5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>													
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>													
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. 4 in. to 34 ft. Depth Surface 2 1/2 ft. Weight 11 1/2 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: NONE													
9 STATIC WATER LEVEL Elev - 972' 20 ft. below land surface													
10 PUMPING LEVEL below land surface Elev - 962' 30 ft. after 1 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.													
11 WATER QUALITY in Parts Per Million: UNKNOWN Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____													
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade													
13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 4' ft. to 34' ft.													
14 Nearest Source of possible contamination NOT INSTALLED _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Decatur Pump Co. Model Number A 35 L 6 P HP 1/2 Volts 220 Length of Drop Pipe 30 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating													
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER ITEM NO. RECORDED BY CORRECTION BY													
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LEONARD WELL DRILLING CO. 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address Springer Signed W. Leonard Date 5-22-71 AUTHORIZED REPRESENTATIVE													

NOV 13 1960

WATER WELL RECORD

ACT 294 - PA 1965

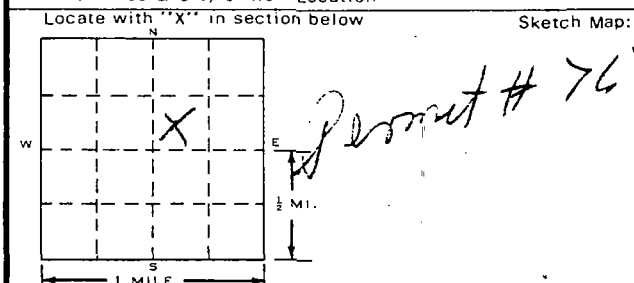
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Jackson Township Name Parma Fraction SW 1/4 NE 1/4 Section Number 31 Town Number 2 N.S. Range Number 3 W.

Distance And Direction from Road Intersections
1/2 mile south of Mich. Ave.
on east side of Lerley Road

Street address & City of Well Location



3 OWNER OF WELL

Address

Stan Morgan
484 Juncos Rd.
Tulsa, Okla.

4 WELL DEPTH: (completed) Date of Completion

120 ft. 9/11/80

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well

7 CASING: Threaded ☒ Welded ☐

Diam.

Height: Above/Below

Surface 1 ft.Weight 11 lbs./ft.Drive Shoe? Yes ☒ No ☐

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUMBravel clay1010Bravel5363Bravel shale972Sand rock48120

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

34 ft. below land surface

10 PUMPING LEVEL below land surface

41 ft. after 1 hrs. pumping 30 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite ☐ _____

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

20 feet N.E. Direction Septic TypeWell disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
CORRECTED BY

ADDITION BY
ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

Signed

AUTHORIZED REPRESENTATIVE

Date

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County JACKSON	Twp. Parma	Fraction NE 1/4 NW 1/4 E 1/4	Section No. 31	Town 21 N.	Range 3 W.
Distance And Direction from Road Intersections 2.5 East of Finley rd on north 10 mi Michigan go on north Street address & City of Well Location Side 100 ft of rd			OWNER No. Address Gordon Martin R#1 Albion		
2 FORMATION			4 WELL DEPTH: (completed) Date of Completion		
			110 ft. Jan 1969		
			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 67 ft. Depth Height: Above/Below surface _____ ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
Sand			9 STATIC WATER LEVEL 50 ft. below land surface		
Sandy clay			10 PUMPING LEVEL below land surface 60 ft. after 1 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
Gravelly clay			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness Unknown		
fine gravel			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
fine rock			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
Sand rock			14 SANITARY: Nearest Source of possible contamination 60 feet N Direction SEPTIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: Manufacturer's Name _____ Model Number _____ HP Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, (SEE NO.) CORRECTED BY: ADDITION BY:			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Leland Hill Drilling 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address Springport Mich Signed M. Leland Date _____ AUTHORIZED REPRESENTATIVE		

JUN 6 1977

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Jackson Township Name PARMA Fraction NE NW 1/4 Section Number 31 Town Number T.2 N. Range Number R.3 E.W.

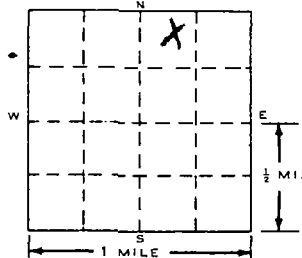
Distance And Direction from Road Intersections

2 mile east of Dunbar Road
on north side of E. Main
14 1/2 E Main

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



2

FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

<u>fine sand</u>	<u>36</u>	<u>30</u>
<u>shale</u>	<u>19</u>	<u>55</u>
<u>lime rock</u>	<u>6</u>	<u>71</u>
<u>shale</u>	<u>29</u>	<u>100</u>
<u>sand rock</u>	<u>15</u>	<u>115</u>

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐ _____
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
40 feet SE Direction septic Type _____
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☐ Not installed

Manufacturer's Name Gould Pump
Model Number 10EUG 422 HP 2 Volts 230
Length of Drop Pipe 50 ft. capacity 22 G.P.M.
Type: ☒ Submersible ☐ Jet ☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Permit 5062

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

Signed

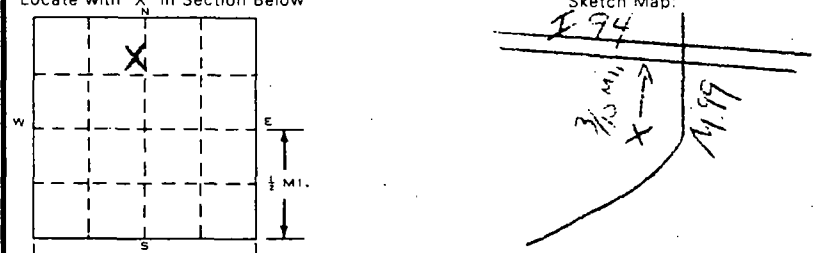
Date

AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 1 4 6

1 LOCATION OF WELL		TOWNSHIP NAME		Fraction	Section Number	Town Number	Range Number
County Jackson		Parma		SE 1/4 NE 1/4 NW 1/4	31	T2S N/S	R3W E/W
Distance And Direction From Road Intersection West side of M-99 3/10ths Mile South of I-94				3 OWNER OF WELL: P.P.G. 1 Jackson Sq/Suite 600 Jackson, MI			
Street Address & City of Well Location Locate with "X" in Section Below				Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Sketch Map: 				4 WELL DEPTH: (completed) 198 ft. Date of Completion 11-13-87			
2 FORMATION DESCRIPTION				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug			
				<input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
THICKNESS OF STRATUM				6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public			
				<input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump			
DEPTH TO BOTTOM OF STRATUM				<input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Water supply for oil rig			
				7 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded			
Sandy Clay, Gravel & Stones				Height: Above/Surface 17' * <input checked="" type="checkbox"/> Below/Surface 11 lbs./ft.			
				Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Sand, Gravel & Stones				8 SCREEN: <input checked="" type="checkbox"/> Not Installed			
				Type _____ Diameter _____			
Gravel & Stones w/mixed Sandstone				Slot/Gauze _____ Length _____			
				Set between _____ ft and _____ ft.			
Shale w/Lime Strips				FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check			
				<input type="checkbox"/> Blank above screen _____ ft. Other _____			
Hard Sandstone				9 STATIC WATER LEVEL: 39 ft. below land surface <input type="checkbox"/> Flow			
				10 PUMPING LEVEL: below land surface			
Green Shale & Lime				30 ft. after _____ hrs. pumping at 30 G.P.M. w/air			
				_____ ft. after _____ hrs. pumping at _____ G.P.M.			
Gray Shale w/Sandstone Strips				11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade			
				<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			
Sandstone w/Crevices				12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From _____ to _____ ft.			
				<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
				No. of bags of cement _____ Additives _____			
				13 Nearest source of possible contamination			
				Type _____ Distance _____ ft. Direction _____			
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only			
				Manufacturer's name Temporary			
				Model number _____ HP _____ Volts _____			
				Length of Drop Pipe _____ ft. capacity _____ G.P.M.			
				TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet			
				PRESSURE TANK:			
				Manufacturer's name _____			
				Model number _____ Capacity _____ Gallons			
15. Remarks, elevation, source of data, etc. Lease: Smith 1-31 DEC 28 1987 Bureau of Environmental and Occupational Health - GWOS				16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Hart Well Drilling Company 1686 REGISTERED BUSINESS NAME Address 1154 S. Jefferson St. Mason, MI 48854 SIGNED [Signature] AUTHORIZED REPRESENTATIVE Date 11-21-87			

AUG 2 1974

WATER WELL RECORD

ACT 294

PA 1965

MICHIGAN DEPARTMENT

OF

PUBLIC HEALTH

1 LOCATION OF WELL

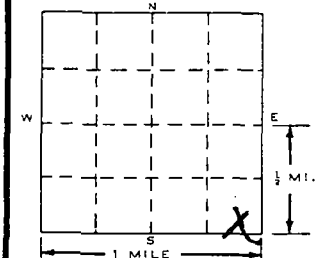
County Jackson Township Name Parma Fraction SE SE SE SE Section Number 31 Town Number 2 N.S. Range Number 3 E.W.

Distance And Direction from Road Intersections
4 miles west of Bath Mills Road
on north side of Erie Road

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



Permit #3578

3 OWNER OF WELL:

Francis A. Poirer
14102 Erie Road
Albion

4 WELL DEPTH: (completed) Date of Completion

101 ft. 8-14-74

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug

☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry

☐ Irrigation ☐ Air Conditioning ☐ Commercial

☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

Diam. 4 in. to 9L ft. Depth 17 ft.

Weight 11 lbs./ft.

Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

48 ft. below land surface

10 PUMPING LEVEL below land surface

58 ft. after _____ hrs. pumping 30 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☒ Press Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

40 feet SE Direction Septic Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED DATA FROM NO. _____

9

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true

to the best of my knowledge and belief.

Leonard Well Drilling 0404

REGISTERED BUSINESS NAME REGISTRATION NO.

Address Springport

Signed M. Leonard Date 8-17-74

AUTHORIZED REPRESENTATIVE

2 DEC 03 1979

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

PARMA

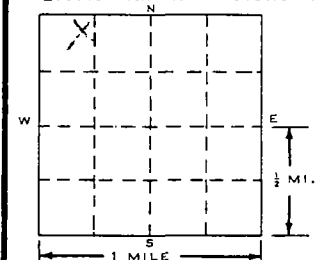
SW SE SW

County <u>CALHOUN</u>	Township Name <u>PARMA</u>	Fraction <u>SW SE SW</u>	Section Number <u>32</u>	Town Number <u>2</u>	Range Number <u>3</u>
--------------------------	-------------------------------	-----------------------------	-----------------------------	-------------------------	--------------------------

Distance And Direction from Road Intersections:
1/2 mile E Green Rd
and 1/2 mile S
 Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address

4 WELL DEPTH: (completed) Date of Completion

105 ft. 10-10-79

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐

Diam. _____ Height: Above/Below
 Surface _____ ft.
 Weight _____ lbs./ft.
 Drive Shoe? Yes ☐ No ☐

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

8 SCREEN:

Type: _____ Dia.: _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 Fittings: _____

9 STATIC WATER LEVEL

47 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

10 feet 15 Direction N/E Type

Well disinfected upon completion ☐ Yes ☐ No

15 PUMP:

☐ Not installedManufacturer's Name GrundfosModel Number 1062 HP 1/2 Volts 230Length of Drop Pipe 60 ft. capacity 70 G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

CORRECTED BY

ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

5926

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

Signed

AUTHORIZED REPRESENTATIVE

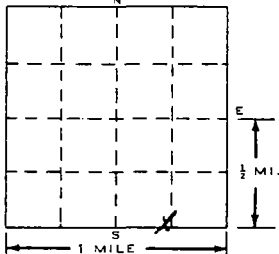
Date

10-20-79

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL																							
County <i>Jackson</i>	Township Name <i>Parma</i>	Fraction <i>SE 1/4 SW 1/4 SE 1/4</i>	Section Number <i>32</i>	Town Number <i>2 N.</i>	Range Number <i>3 W.</i>																					
Distance And Direction from Road Intersections <i>side of Erie rd. about 1/4 mi west of Gibbs rd.</i>			Address <i>Bedwell Const Co. Box 162 Marshall</i>																							
Street address & City of Well Location Locate with "X" in section below <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> Sketch Map: 1 MILE 1/2 MI. </div> </div>			4 WELL DEPTH: (completed) Date of Completion <i>116 ft. Jan 29 1971</i>																							
2 FORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">FORMATION</th> <th style="width:10%;">THICKNESS OF STRATUM</th> <th style="width:10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td><i>Sandy clay</i></td> <td><i>20</i></td> <td><i>20</i></td> </tr> <tr> <td><i>Sand, gravel, stones</i></td> <td><i>148</i></td> <td><i>68</i></td> </tr> <tr> <td><i>Clay w/ stones</i></td> <td><i>7</i></td> <td><i>75</i></td> </tr> <tr> <td><i>sand rock</i></td> <td><i>25</i></td> <td><i>100</i></td> </tr> <tr> <td><i>Shale</i></td> <td><i>5</i></td> <td><i>105</i></td> </tr> <tr> <td><i>sand rock</i></td> <td><i>11</i></td> <td><i>116+</i></td> </tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<i>Sandy clay</i>	<i>20</i>	<i>20</i>	<i>Sand, gravel, stones</i>	<i>148</i>	<i>68</i>	<i>Clay w/ stones</i>	<i>7</i>	<i>75</i>	<i>sand rock</i>	<i>25</i>	<i>100</i>	<i>Shale</i>	<i>5</i>	<i>105</i>	<i>sand rock</i>	<i>11</i>	<i>116+</i>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																					
			<i>Sandy clay</i>	<i>20</i>	<i>20</i>																					
			<i>Sand, gravel, stones</i>	<i>148</i>	<i>68</i>																					
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<i>sand rock</i>	<i>11</i>	<i>116+</i>																								
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____																										
7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Diam. <i>4" 92 ft. Depth</i> Surface <i>1 1/2</i> ft. Weight <i>11</i> lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																										
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____																										
9 STATIC WATER LEVEL <i>51</i> ft. below land surface			10 PUMPING LEVEL below land surface <i>61</i> ft. after <i>2</i> hrs. pumping <i>2.5</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.																							
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> Above Grade																							
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.			14 Nearest Source of possible contamination <i>50 ft</i> feet <i>No.</i> Direction <i>Septic</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			16 Remarks, elevation, source of data, etc. DATED BY: _____ PREPARED BY: _____																							
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Leonard Well Drilling</i> <i>0404</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>Springport</i> Signed <i>M. Leonard</i> Date <i>Feb 12 1971</i> AUTHORIZED REPRESENTATIVE																										

GEOLOGICAL SURVEY NO. -

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

(Rev 10-80)

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

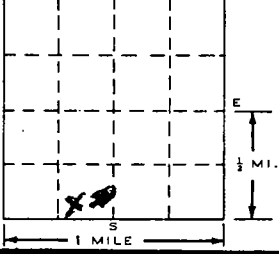
1 LOCATION OF WELL			3 OWNER OF WELL:		
County Calhoun	Twp. Sheridan	Fraction SW 1/4 SW 1/4 NE 1/4	Section No. 36	Town 2 N/S.	Range 4 E/W.
Distance And Direction from Road Intersections 450' E. of 29 Mile Rd & E. Michigan Ave. On N. Side of E. Michigan Ave.			3 OWNER OF WELL: Brooks Foundry, Inc Address 1712 E. Michigan Ave. Albion, Mich		
Street address & City of Well Location Albion, Mich					
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion		
Brown Sand	42	42	196 ft. 9/19/69		
Gravel & Clay	13	55	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
Clay-red	13	68	6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
Brown-Sandrock-soft	18	86	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 6 in. to 97 ft. Depth Height: Above 1 ft. surface 19 lbs/ft. Weight 19 lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
" " -Med-soft	50	136	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
White Sandrock-hard	60	196	9 STATIC WATER LEVEL 43 ft. below land surface		
			10 PUMPING LEVEL below land surface 58 ft. after 3 hrs. pumping 400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 SANITARY: Nearest Source of possible contamination 500 feet E Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: Manufacturer's Name Reda Model Number 10D18P101 HP 1 Length of Drop Pipe 63 ft. capacity 20 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
ADDED INFO. BY DRILLER. ITEM NO.			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
CORRECTED BY: MEH			R M Brewer & Son Inc 106 REGISTERED BUSINESS NAME REGISTRATION NO.		
ADDITION BY:			Address 215 Harrington Rd Parma, Mich		
			Signed Charles L. Brewer Date 6-7-70 AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294

PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>Calhoun</i>	Township Name <i>Sheridan</i>	Fraction <i>SW 1/4 SE 1/4 SW 1/4</i>	Section Number <i>36</i>	Town Number <i>20S.</i>	Range Number <i>4 R.W.</i>
Distance And Direction from Road Intersections <i>Mich. Ave. So side of. west 29 1/2 mi rd about .02 mi</i>			Address <i>Rd #1 Albion</i>		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion <i>84 ft. JAN 8 1971</i>		
Locate with "X" in section below 			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
Sketch Map:			6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input checked="" type="checkbox"/>		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <i>1 1/2</i> ft. Weight <i>11</i> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
THICKNESS OF STRATUM			8 SCREEN:		
DEPTH TO BOTTOM OF STRATUM			Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: <i>NONE</i>		
<i>clay brown</i> <i>3</i> <i>3</i>			9 STATIC WATER LEVEL <i>31</i> ft. below land surface		
<i>brown sand gravel some clay</i> <i>44</i> <i>47</i>			10 PUMPING LEVEL below land surface <i>40</i> ft. after <i>1</i> hrs. pumping <i>30</i> g.p.m.		
<i>soft brown sand rock</i> <i>3</i> <i>50</i>			_____ ft. after _____ hrs. pumping _____ g.p.m.		
<i>medium hard brown sand rock</i> <i>15</i> <i>65</i>			11 WATER QUALITY in Parts Per Million: <i>UNKNOWN</i>		
<i>medium hard sand rock</i> <i>19</i> <i>84</i>			Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 4" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
USE A 2ND SHEET IF NEEDED					
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. _____ CORRECTED BY: _____ ADDITION BY: _____			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>LEONARD WELL DRILLING CO.</i> <i>0404</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>Springport</i> Signed <i>M. Leonard</i> Date <i>Jan 8 1971</i> AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			County <u>Calhoun</u> Twp. <u>Sherridan</u> Fraction <u>N 1/4 NW 1/4</u> Section No. <u>36</u> Town <u>2 N</u> Range <u>4 W</u>	
Distance And Direction from Road Intersections <u>1 1/2 blocks east of 27th St. at 137th Lenwood St. Calhoun</u>			3 OWNER OF WELL: Address <u>Bobby Hall 137 Lenwood St. Calhoun</u>	
2 FORMATION			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Sand</u>			<u>40</u>	<u>40</u>
<u>Clay</u>			<u>10</u>	<u>50</u>
<u>Gravelly sand</u>			<u>5</u>	<u>(55)</u>
<u>Sand rock</u>			<u>30</u>	<u>85</u>
4 WELL DEPTH: (completed) <u>85</u> ft.			Date of Completion <u>4-23-69</u>	
5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>4</u> in. to <u>42</u> ft. Depth <u>42</u> ft. Depth _____ in. to _____ ft. Depth			Height: Above/Below surface <u>2</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8 SCREEN:				
Type: _____ Dia.: _____				
Slot/Gauze _____ Length _____				
Set between _____ ft. and _____ ft.				
Fittings: _____				
9 STATIC WATER LEVEL <u>34</u> ft. below land surface				
10 PUMPING LEVEL below land surface <u>44</u> ft. after <u>3</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.				
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____				
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> 12" Above Grade <input type="checkbox"/> 12" Above Grade				
13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Depth: From _____ ft. to _____ ft.				
14 SANITARY: Nearest Source of possible contamination <u>50 feet SW</u> Direction <u>Septic</u> Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No				
15 PUMP: Manufacturer's Name <u>Other</u> Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating				
16 Remarks, elevation, source of data, etc. ADDED INFO. BY <u>LEONARD WELLS</u> , WEA No. _____ CORRECTED BY _____ REVISION BY _____			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Wells</u> <u>0404</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>117 Springport</u> Signed <u>117 Leonard</u> Date <u>4-24-69</u> AUTHORIZED REPRESENTATIVE	

APR 23 1980

WATER-WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County Calhoun		Township Name Sheridan		Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Number 36		Town Number T2S		Range Number R4W	
Distance And Direction from Road Intersections 3 1/2 Tenths mile South of Michigan Avenue 5/10 mile West of Finaly Rd.													
Street address & City of Well Location Locate with "X" in section below													
				Sketch Map: Michigan Avenue 3 1/2 Tenths mile 5/10 mile Finaly Rd									
2 FORMATION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL: Gordon Stevick Address Lot #1, Crystal Lake Cement City, Michigan 49233					
Sand and gravel				26		26		4 WELL DEPTH: (completed) 30 ft. Date of Completion 3-28-80					
Gray clay				3		29		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>					
Sandstone				1		30		6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Test Well <input type="checkbox"/>					
								7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. Galv Height: Above xxx Surface 14" ft. 2 in. to 23'3" ft. Depth Weight 3.75 lbs./ft. in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
								8 SCREEN: stainless steel 2" Dia.: Type: _____ Slot: xxx #10 Length 4' 8" Set between 22 ft. and 26 ft. Fittings 2" coupling and 2" cap					
								9 STATIC WATER LEVEL 22' 6" ft. below land surface					
								10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
								11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____					
								12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade					
								13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.					
								14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No					
								15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
16 Remarks, elevation, source of data, etc. Sheridon-Albion Landfill monitoring wells Development time 1 1/2 hours NOT PLOTTED CORRECTLY				17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Hart Well Drilling Company 522 REGISTERED BUSINESS NAME REGISTRATION NO. Address 1154 S. Jefferson, Mason, Michigan 48854 Signed S. W. Hart Date 4-11-80 AUTHORIZED REPRESENTATIVE									

D67d

100M (Rev. 12-68) APR 17 1980

GEOLOGICAL SURVEY COPY

APR 23 1980

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County Calhoun		Township Name Sheridan		Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Number 36		Town Number T2S N/S.		Range Number R4W E/W.	
Distance And Direction from Road Intersections 2 1/2 Tenths mile South of Michigan Avenue 5 1/2 Tenths mile West of Finaly Rd.													
Street address & City of Well Location Lot #1, Crystal Lake Cement City, Michigan 49233													
Locate with "X" in section below 													
3 OWNER OF WELL: Gordon Stevick Address: Lot #1, Crystal Lake Cement City, Michigan 49233													
4 WELL DEPTH: (completed) Date of Completion 50 ft. 3-27-80													
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>													
6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Test Well <input type="checkbox"/>													
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. Galv. Height: Above 28" Surface 28" <input checked="" type="checkbox"/> 2 in. to 39 ft. Depth Weight 3.75 lbs./ft. ___ in. to ___ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
8 SCREEN: Type: Stainless steel Dia.: 2" Slot/Screen #7 Length 3' 6" Set between 37 ft. and 40 ft. Fittings: 2" coupling & 2" cap.													
9 STATIC WATER LEVEL 26 ft. below land surface													
10 PUMPING LEVEL below land surface ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m.													
11 WATER QUALITY in Parts Per Million: Iron (Fe) ___ Chlorides (Cl) ___ Hardness ___ Other ___													
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade													
13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From ___ ft. to ___ ft.													
14 Nearest Source of possible contamination ___ feet Direction ___ Type ___ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No													
15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name ___ Model Number ___ HP ___ Volts ___ Length of Drop Pipe ___ ft. capacity ___ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating													
16 Remarks, elevation, source of data, etc. Development time 2 hours Sheridan-Albion Landfill monitoring wells RECEIVED APR 17 1980													
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Hart Well Drilling Company 522 REGISTERED BUSINESS NAME REGISTRATION NO. Address: 1154 S. Jefferson, Mason, Michigan 48854 Signed: S. W. Hart Date 4-9-80 AUTHORIZED REPRESENTATIVE													

D67d

100M (Rev. 12-68)

APR 17 1980

36-6

NOT
PLOTTEDCalhoun County Health Department
CORRECTED BY

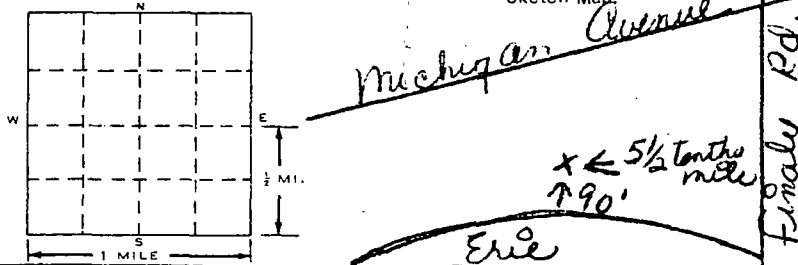
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APR 23 1980

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County Calhoun	Township Name Sheridan	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 36	Town Number T2S	Range Number R4W
Distance And Direction from Road Intersections 90' North of Erie 5 1/2 Tenths West of Finaly Rd.			Address Lot #1, Crystal Lake Cement City, Michigan 49233		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) 27 ft. Date of Completion 3-28-80		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
2 FORMATION			6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Test Well <input type="checkbox"/>		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Galv. Height: Above XXX Surface 17" x. Weight 3.75 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Sand and gravel	22	22	8 SCREEN: Type: stainless steel Dia.: 2" Slot: XXX #10 Length 4' 8" Set between 19 ft. and 23 ft. Fittings: 2" coupling and 2" cap		
Gray clay	4	26	9 STATIC WATER LEVEL 12 ft. below land surface		
Sandstone	1	27	10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. Development time 1 1/2 hours Sheridan-Albion Landfill monitoring wells			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Hart Well Drilling Company 522 REGISTERED BUSINESS NAME REGISTRATION NO. Address 1154 S. Jefferson, Mason, Michigan 48854 Signed J. W. Hart Date 4-11-80 AUTHORIZED REPRESENTATIVE		

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100M (Rev. 12-68) APR 17 1980

GEOLOGICAL SURVEY COPY

NOT

PLOTTED

CORRECTLY

Calhoun County Health Department

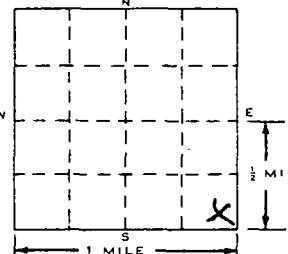
Bart's Creek 1.8 mi.

36-4

WATER WELL AND PUMP RECORD

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978.

1 LOCATION OF WELL		County <u>Calhoun</u> Township <u>Sheridan</u> Fraction <u>SE 1/4</u> Section Number <u>36</u> Town Number <u>2</u> MS Range Number <u>4</u> NW	
Distance And Direction From Road Intersection <u>1/2 mile east of Epilepsy Road</u> <u>on north side of Epilepsy Road</u>		3 OWNER OF WELL <u>Gordon Sterwick</u> Address <u>11 Crystal Lake</u> <u>Almont City</u> Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address & City of Well Location		4 WELL DEPTH: (completed) <u>80</u> ft. Date of Completion <u>10-22-82</u>	
Locate with "X" in Section Below		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
Sketch Map: 		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>	
2 FORMATION DESCRIPTION		7 CASING: Diameter <u>4</u> in. to <u>54</u> ft. depth <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
THICKNESS OF STRATUM		8 SCREEN <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____	
DEPTH TO BOTTOM OF STRATUM		9 STATIC WATER LEVEL <u>13</u> ft. below land surface <input type="checkbox"/> Flow	
<u>Sand & Gravel</u>		10 PUMPING LEVEL: below land surface <u>23</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
<u>Sandrock</u>		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Wellless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
ADDED INFO BY DRILLER, ITEM NO.		12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____	
CORRECTED BY		13 Nearest source of possible contamination Type <u>Septic</u> distance <u>40</u> ft. Direction <u>N</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITION BY		14 PUMP: <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Pump Installation Only Manufacturer's name <u>Tait</u> Model number <u>5DL-310</u> HP <u>1/2</u> Volts <u>110V</u> Length of Drop Pipe <u>30</u> ft. capacity _____ G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>Tait</u> Model number <u>202</u> Capacity <u>21</u> Gallons	
ELEVATION		15 Remarks, elevation, source of data, etc.	
DEPTH TO ROCK		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Well Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springport</u> Signed <u>M. Leonard</u> Date <u>11/6/82</u> AUTHORIZED REPRESENTATIVE	
RECEIVED			
Mich. Dept. of Public Health			
JUN 21 1983			
Environmental and Occupational Health Services Administration			
USE A 2ND SHEET IF NEEDED			

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(Rev. 10-80)

Michigan Department of Public Health
Lansing, Mich.

TICKET HOUSE?

36-18

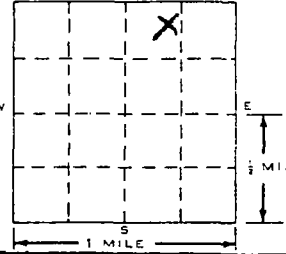
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WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL		
County <u>Calhoun</u>	Township Name <u>Sherridan</u>	Fraction <u>NENWNE</u>	Section Number <u>34</u>	Town Number <u>2 N.S.</u>	Range Number <u>4 W.</u>
Distance And Direction from Road Intersections <u>8 mi. west of on 99</u> <u>on south of Mich Ave</u>			Address <u>Albion Building Center</u> <u>Albion</u>		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion <u>100</u> ft. <u>July 12 1972</u>		
Locate with "X" in section below			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
Sketch Map: 			<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry		
			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial		
			<input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. <u>4</u> in. to <u>22</u> ft. Depth Surface <u>2</u> ft.		
			Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2 FORMATION			8 SCREEN:		
THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM		Type: _____ Dia.: _____		
<u>brown sand and gravel</u>	<u>65</u>	<u>65</u>	Slot/Gauze _____ Length _____		
<u>gray sandy clay</u>	<u>4</u>	<u>69</u>	Set between _____ ft. and _____ ft.		
<u>soft gray sandstone</u>	<u>10</u>	<u>79</u>	Fittings: <u>NONE</u>		
<u>medium hard gray sandstone</u>	<u>21</u>	<u>100</u>	9 STATIC WATER LEVEL <u>40</u> ft. below land surface		
			10 PUMPING LEVEL below land surface <u>50</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m.		
			_____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: <u>Unknown</u>		
			Iron (Fe) _____ Chlorides (Cl) _____		
			Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit		
			<input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>		
			Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination _____ feet _____ Direction <u>SEPTIC & TILE FIELD</u> Type		
			Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed		
			Manufacturer's Name <u>Sherridan</u>		
			Model Number <u>ES-100</u> HP <u>1</u> Volts <u>230</u>		
			Length of Drop Pipe <u>45</u> ft. capacity <u>12</u> G.P.M.		
			Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. <u>ITEM 11</u>			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
			<u>LEONARD WELL DRILLING CO</u> <u>0464</u>		
			REGISTERED BUSINESS NAME REGISTRATION NO.		
			Address <u>Sherridan</u>		
			Signed <u>M. Leonard</u> Date <u>7-15-72</u>		
			AUTHORIZED REPRESENTATIVE		

USE A 2ND SHEET IF NEEDED

ADDITION 80

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

10

1 LOCATION OF WELL			3 OWNER OF WELL:		
County Calhoun	Township Name Shedden	Fraction 1/4 SE 1/4	Section Number 36	Town Number 2 S.	Range Number 4 W.
Distance And Direction from Road Intersections 1/2 M. E. of 20 1/2 M. Rd. on Mich. Ave. E. S. Side			Address Gerald Motter 2004 E. Michigan Aldion, MI. 49224		
Street address & City of Well Location (locate with "X" in section below) <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin-right: 10px;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 20px;">X</div></div><div style="text-align: center;">Sketch Map: Michigan</div></div>			4 WELL DEPTH: (completed) Date of Completion 100 ft. 1/70		
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well		
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 72 ft. Depth Height: Above Surface 1 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			8 SCREEN: Type: NONE Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
2 FORMATION			9 STATIC WATER LEVEL 35 ft. below land surface		
THICKNESS OF STRATUM			10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ G.P.M. AIR TEST _____ ft. after _____ hrs. pumping _____ G.P.M.		
DEPTH TO BOTTOM OF STRATUM			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
Clay 30 30			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
Sand & Clay 30 60			13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Drill Mud to Depth: From _____ ft. to _____ ft. G.I.		
Sand Rock 40 100			14 Nearest Source of possible contamination 50 feet NW Direction S.T. Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Rapdayton Model Number _____ HP 3/4 volts 220 Length of Drop Pipe 42 ft. capacity 15 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
USE A 2ND SHEET, IF NEEDED			16 Remarks, elevation, source of data, etc. ADDED INFO. BY DR. _____ ITEM NO. _____ CORRECTED BY: _____ ADDITION BY: _____		
			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Chas. Kleinfelt & Son 0107 REGISTERED BUSINESS NAME REGISTRATION NO. Address R#2 Charlotte, Mich. 48813 Signed Chas. Kleinfelt Date 11/10/70 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

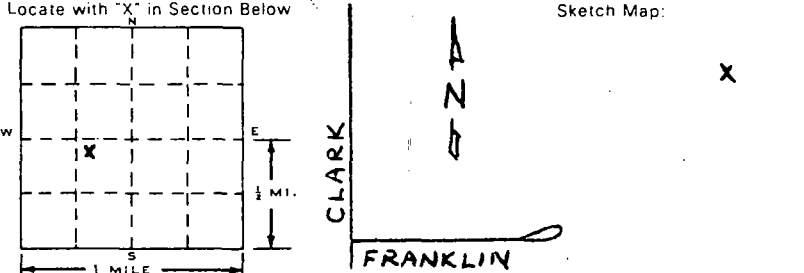
PERMIT NUMBER

1 LOCATION OF WELL		County <u>Calhoun</u>		Township Name <u>Sharon</u>		Fraction <u>SE 1/4 NW 1/4 SW 1/4</u>		Section Number <u>36</u>		Town Number <u>2 N/S</u>		Range Number <u>4 E/W</u>	
Distance And Direction From Road Intersection <u>1/4 mi. N. on M-10</u>						3 OWNER OF WELL: <u>Kent Phillips</u>							
Street Address & City of Well Location						Address <u>409 N. 1st St. ALLEN, MI 49801</u>							
Locate with "X" in Section Below						Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Sketch Map:						4 WELL DEPTH: (completed) <u>120</u> ft. Date of Completion <u>12-29-86</u>							
						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>							
2 FORMATION DESCRIPTION						7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded							
						Height: Above/Below Surface <u> </u> ft. Weight <u>SHAKE BOOT</u> lbs. ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
THICKNESS OF STRATUM						DEPTH TO BOTTOM OF STRATUM							
<u>SAND</u>						<u>35</u> <u>35</u>							
<u>GRAY CLAY</u>						<u>13</u> <u>48</u>							
<u>SAND</u>						<u>31</u> <u>79</u>							
<u>GRAY CLAY</u>						<u>2</u> <u>81</u>							
<u>GRAVEL</u>						<u>10</u> <u>91</u>							
<u>SANDROCK</u>						<u>29</u> <u>120</u>							
						8 SCREEN: <input checked="" type="checkbox"/> Not Installed							
						Type <u> </u> Diameter <u> </u>							
						Slot/Gauze <u> </u> Length <u> </u>							
						Set between <u> </u> ft. and <u> </u> ft.							
						FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check							
						<input type="checkbox"/> Blank above screen <u> </u> ft. Other <u> </u>							
						9 STATIC WATER LEVEL: <u>36</u> ft. below land surface <input type="checkbox"/> Flow							
						10 PUMPING LEVEL: below land surface <u>46</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M.							
						<u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.							
						11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade							
						<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit							
						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>100</u> ft.							
						<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other <u> </u>							
						No. of bags of cement <u> </u> Additives <u> </u>							
						13 Nearest source of possible contamination							
						Type <u>SEPTIC</u> Distance <u>50*</u> ft. Direction <u> </u>							
						Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP: <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Pump Installation Only							
						Manufacturer's name <u>GOULD</u>							
						Model number <u>10EJ05432</u> HP <u>1/2</u> Volts <u>230V</u>							
						Length of Drop Pipe <u>60</u> ft. capacity <u>10</u> G.P.M.							
						TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet							
						PRESSURE TANK: <u>WELLYX TROL</u>							
						Manufacturer's name <u>WX202</u> Capacity <u>42</u> Gallons							
						Model number <u> </u>							
15. Remarks, elevation, source of data, etc.						16. WATER WELL CONTRACTOR'S CERTIFICATION:							
<p>RECEIVED</p> <p>DEPT. OF ENVIRONMENTAL & OCCUPATIONAL HEALTH</p> <p>USE A 2ND SHEET IF NEEDED</p>						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.							
						<u>SEBASTIAN & SONS</u> <u>1559</u>							
						REGISTERED BUSINESS NAME <u>20731 U. DRIVE NORTH SPRINGPORT</u>							
						Address <u> </u>							
						Signed <u>William Sebastian</u> Date <u>12-29-86</u>							
						AUTHORIZED REPRESENTATIVE							

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1- LOCATION OF WELL		2- FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	3- OWNER OF WELL:	
County Calhoun	Township Name Sheridan	Fraction NW 1/4 NE 1/4 SW 1/4	Section Number 36	Town Number T2	Range Number R124	Address McGraw-Edison Company 704 N. Clark Street Albion, MI 49224	
Distance And Direction From Road Intersection 750' North and 1360' East of the intersection of Franklin Avenue and Clark Street						Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address & City of Well Location		Sketch Map:		4- WELL DEPTH: (completed) 44 ft. Date of Completion 10-17-84			
Locate with "X" in Section Below				5- CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Threaded <input type="checkbox"/> Welded Diameter 4 in. to 39 ft. depth Grouted Drill Hole Diameter 10 in. to 56 ft. depth			
				6- USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well			
				7- CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Threaded <input type="checkbox"/> Welded Diameter 4 in. to 39 ft. depth Grouted Drill Hole Diameter 10 in. to 56 ft. depth Height: Above/Below Surface 5 ft. Weight 10.8 lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				8- SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 4" P.S. Slot/Gauze .025" Length 5' Set between 39 ft. and 44 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other Welded			
				9- STATIC WATER LEVEL 39 ft. below land surface <input type="checkbox"/> Flow			
				10- PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
				11- WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit			
				12- WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 34 to 36 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
				13- Nearest source of possible contamination Type None Distance 50 ft. Direction Any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				14- PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grundfos Model number SP-19 HP 1/3 Volts 230 Length of Drop Pipe 36 ft. capacity 5 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons			
15- Remarks, elevation, source of data, etc. 10" x 4" gravel wall well #1630 gravel from 36' to 44' 44' to 56.5' backfilled with bentonite pellets for grout		16- WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Rayne-Northern Company REGISTERED BUSINESS NAME Address P.O. Box 468, Mishawaka, IN 46544 Erwin Hostetler AUTHORIZED REPRESENTATIVE Date 11-1-84					

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(Rev. 10-80)

WATER WELL-AND-PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		Fraction		Section Number	Town Number	Range Number
County Calhoun	Township Name Sheridan	SW 1/4 NE 1/4 SW 1/4		36	T2 N/S	R4 E/W
Distance And Direction From Road Intersection 325' North and 1360' East of the intersection of Clark Street and Franklin Avenue				3 OWNER OF WELL McGraw-Edison Company Address 704 N. Clark Street Albion, MI 49224 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address & City of Well Location Locate with "X" in Section Below <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; margin-right: 10px;"><div style="text-align: center;">N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</div><div style="text-align: center;">W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</div><div style="text-align: center;">E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</div><div style="text-align: center;">S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</div></div><div style="margin-left: 10px;">Sketch Map: <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div>CLARK</div><div>FRANKLIN</div></div></div></div>				4 WELL DEPTH (completed) 48 ft. Date of Completion 10-17-84		
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>				6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well		
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 4 in. to 43 ft. depth <input type="checkbox"/> Grouted Drill Hole Diameter 10 in. to 49 ft. depth <input type="checkbox"/> Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Height: <input type="checkbox"/> Above/Below Surface 5 ft. Weight 10.8 lbs./ft.		
2 NO. 5 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 4" P.S. Slot/Gauze .025" Length 5' Set between 43 ft and 48 ft FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <input type="checkbox"/> Other Welded		
Brown dirty sand		9	9	9 STATIC WATER LEVEL: 38 ft. below land surface <input type="checkbox"/> Flow		
Brown fine to medium sand		6	15	10 PUMPING LEVEL below land surface ____ ft. after ____ hrs. pumping at ____ G.P.M. ____ ft. after ____ hrs. pumping at ____ G.P.M.		
Brown coarse sand to medium gravel		10	25	11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit		
Brown fine to medium sand		3	28	12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 38 to 40 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____		
Brown coarse and sand to med. gravel		2	30	13 Nearest source of possible contamination Type None Distance 50 ft Direction Any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Yellow silty clay		11	41	14 PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grundfos Model number SP-27 HP 1/3 Volts 230 Length of Drop Pipe 42 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons		
Brown fine to medium sand		7	48	15. Remarks. elevation. source of data. etc. 10" x 4" gravel wall well #1630 gravel from 40 to 48 feet		
Yellow silty clay (stopped)		1	49	16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Layne-Northern Co. 0550 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 468, Mt. Shawaka, IN 46544 Signed Frank H. O. Stahl Date 11-1-84 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1. LOCATION OF WELL		County Calhoun		Township Name Sheridan		Fraction SW 1/4 NE 1/4 SW 1/4		Section Number 36		Town Number T2 <input checked="" type="checkbox"/> S <input type="checkbox"/> W		Range Number R4 <input type="checkbox"/> N <input checked="" type="checkbox"/> W	
Distance And Direction From Road Intersection 425' North and 1360' East of the intersection of Clark Street and Franklin Avenue						3 OWNER OF WELL: McGraw-Edison Company Address 704 N. Clark Street Albion, MI 49224							
Street Address & City of Well Location						Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Locate with "X" in Section Below						4 WELL DEPTH. (completed) 49 ft. Date of Completion 10-17-84							
Sketch Map.						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well							
2 No. 6 FORMATION DESCRIPTION						7 CASING. Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: 4 in. to 44 ft. depth 10 in. to 49 ft. depth Ground Drill Hole Diameter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 4" P.S. Slot/Gauze .025" Length 5' Set between 44' ft. and 49 ft. FITTINGS. <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <input type="checkbox"/> Other Welded							
Brown dirty sand						9 STATIC WATER LEVEL: 38 ft. below land surface <input type="checkbox"/> Flow							
Brown fine to medium sand						10 PUMPING LEVEL: below land surface ft. after hrs. pumping at G.P.M. ft. after hrs. pumping at G.P.M.							
Brown medium to coarse sand						11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit							
Yellow silty clay						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 39 to 41 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other No. of bags of cement Additives							
Brown fine silty sand						13 Nearest source of possible contamination Type None Distance 50 ft Direction any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Brown fine to medium sand						14 PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grundfos Model number SP-27 HP 1/3 Volts 230 Length of Drop Pipe 42 ft. capacity 10 G.P.M. TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Model number Capacity Gallons							
Grey clay (stopped)						15 Remarks, elevation, source of data, etc. 10" x 4" gravel wall well #1630 gravel from 41 to 49 feet							
16 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief Laune-Northern Company 0550 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 468, Mishawaka, IN 46544 Signed Ernest H. Stahl Date 11-1-84 AUTHORIZED REPRESENTATIVE													

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(Rev. 10-80)

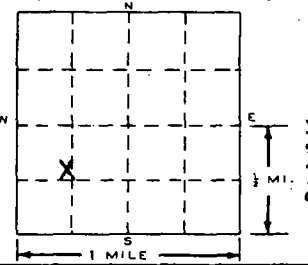
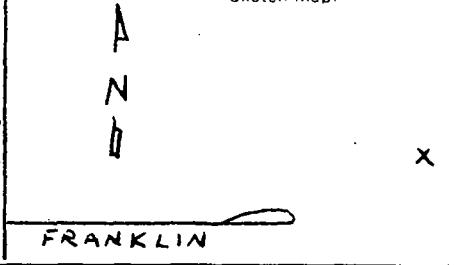
36-10

GEOLOGICAL SURVEY COPY

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

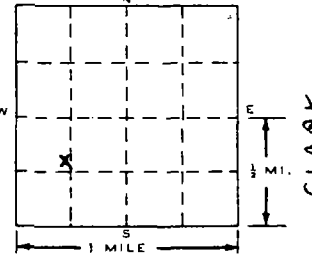
PERMIT NUMBER

1 LOCATION OF WELL		2 No. 3 FORMATION DESCRIPTION		3 OWNER OF WELL:	
County Calhoun	Township Name Sheridan	Fraction SE 1/4 NW 1/4 SW 1/4	Section Number 36	Town Number T2 MS	Range Number R4 7W
Distance And Direction From Road Intersection 210' North and 1200' East of the intersection of Clark Street and Franklin Avenue		Address Mc-Graw Edison Company 704 N. Clark Street Albion, MI 49224			
Street Address & City of Well Location Clark Street, Albion, MI		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Locate with "X" in Section Below 		Date of Completion 10-17-84			
Sketch Map. 		4 WELL DEPTH: (completed) 52 ft.		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well		7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: 5 ft. Surface 5 ft. Weight 10.8 lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Brown dirty sand		THICKNESS OF STRATUM 7		DEPTH TO BOTTOM OF STRATUM 7	
		Brown fine to med. sand		10.5 17.5	
Brown fine sand to medium gravel		14.5		32	
Yellow silty clay		8		40	
Brown fine silty sand		3		43	
Granite boulder		1		44	
Brown fine to medium sand		8		52	
Yellow silty clay (stopped)		.5		52.5	
RECEIVED Mich. Dept. of Public Health NOV 26 1984 Bureau of Environmental and Occupational Health - GWQS		8 SCREEN: <input type="checkbox"/> Not installed Type Stainless Diameter 4" PS Slot/Gauge .025 Length 5' Set between 47 ft. and 52 ft. FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen Welded			
		9 STATIC WATER LEVEL: 38 ft. below land surface <input type="checkbox"/> Flow			
USE A 2ND SHEET IF NEEDED		10 PUMPING LEVEL: below land surface ft. after hrs. pumping at G.P.M. ft. after hrs. pumping at G.P.M.			
		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit			
15. Remarks, elevation, source of data, etc. 10" x 4" Gravel wall well #1630 gravel 44' to 52' NOV 13 1984		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 42 to 44 ft. <input type="checkbox"/> Near cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other No. of bags of cement Additives			
		13 Nearest source of possible contamination Type None Distance 50 ft. Direction Any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Layne-Northern Company 0550 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 468, Mishawaka, IN 46544 Signed Edmund H. Staple date 11-1-84 AUTHORIZED REPRESENTATIVE		14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump installation only Manufacturer's name Grundfos Model number SP-212 HP 1/2 Volts 2300 Length of Drop Pipe 45 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK. Manufacturer's name Model number Capacity Gallons			

WATER WELL AND PUMP RECORD

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL		2 No. 4 FORMATION DESCRIPTION		3 OWNER OF WELL:	
County Calhoun	Township Name Sheridan	Fraction SE 1/4 NW 1/4 SW 1/4	Section Number 36	Town Number T2	Range Number R4
Distance And Direction From Road Intersection 275' North and 1300' East of the intersection of Franklin Avenue and Clark Street		Address Mc-Graw Edison Company 704 N. Clark Street Albion, MI 49224			
Street Address & City of Well Location Locate with "X" in Section Below		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Sketch Map 		4 WELL DEPTH: (completed) 50 ft. Date of Completion 10-17-84			
		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
		6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well			
		7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: Above /Below Diameter 4 in. to 45 ft. depth Surface 5 ft. Weight 10.8 lbs./ft. Grouted Drill Hole Diameter 10 in. to 50 ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		8 SCREEN <input type="checkbox"/> Not installed Type Stainless Diameter 4" PS Slot/Gauge .025" Length 5' Set between 45 ft. and 50' ft. FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other Welded			
		9 STATIC WATER LEVEL: 37 ft. below land surface <input type="checkbox"/> Flow			
		10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit			
		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 40 to 42 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
		13 Nearest source of possible contamination Type None Distance 50 ft. Direction Any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grundfos Model number SP-27 HP 1/3 Volts 230 Length of Drop Pipe 42 ft. capacity 10 G.P.M. TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons			
15. Remarks, elevation, source of data, etc. 10" x 4" gravel wall well #1630 gravel 42 to 50'		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Laune-Northern Company 0550 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 468, Mishawaka, IN 46544 Signed E. J. A. Klabbe Date 11-1-84 AUTHORIZED REPRESENTATIVE			

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		2 FORMATION DESCRIPTION		3 OWNER OF WELL:	
County Calhoun	Township Name Sheridan	Fraction SE 1/4 NW 1/4 SW 1/4	Section Number 36	Town Number T2	Range Number R4
Distance And Direction From Road Intersection 50' North and 1150' East of the intersection of Clark Street and Franklin		Address McGraw-Edison Company 704 N. Clark Street Albion, MI 49224			
Street Address & City of Well Location		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Locate with "X" in Section Below		Date of Completion 10-17-84			
		4 WELL DEPTH: (completed) 49 ft			
		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
		6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge Well			
		7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: 5 ft. Surface 5 ft. 4 in. to 44 ft. depth Weight 10.8 lbs/ft 10 in. to 50 ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 4" P.S. Slot/Gauge .025" Length 5' Set between 44 ft. and 49 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen Welded			
		9 STATIC WATER LEVEL 38 ft. below land surface <input type="checkbox"/> Flow			
		10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit			
		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 41 to 39 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
		13 Nearest source of possible contamination Type None Distance 50 ft. Direction Any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		14 PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grunfos Model number Sp 212 HP 1/2 Volts 230 Length of Drop Pipe 42 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons			
15. Remarks, elevation, source of data, etc. 10" x 4" Gravel Wall Well #1630 gravel 41' to 49'		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Layne-Northern Company 0550 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 468, Mishawaka, IN 46544 Signed Ernie H. Kahl Date 11-1-84 AUTHORIZED REPRESENTATIVE			

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(Rev. 10-80)

36-13

GEOLOGICAL SURVEY COPY

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		2 No. 2 FORMATION DESCRIPTION		3 OWNER OF WELL:	
County Calhoun	Township Name Sheridan	Fraction SE 1/4 NW 1/4 SW 1/4	Section Number 36	Town Number T2	Range Number R4
Distance And Direction From Road Intersection 150' North and 1150' East of the intersection of XXXXX Clark Street and Franklin Avenue		Address Mc-Graw Edison Company 704 N. Clark Street Albion, MI 49224			
Street Address & City of Well Location		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Locate with "X" in Section Below		Date of Completion 10-17-84			
Sketch Map: 		4 WELL DEPTH: (completed) 50 ft.			
		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
		6 USE <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well			
		7 CASING Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height Above/Below Surface 5 ft. 4 in. to 45 ft. depth Weight 10.8 lbs./ft. 10 in. to 53 ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10 in. to 53 ft. depth			
		8 SCREEN <input type="checkbox"/> Not Installed Type Stainless Diameter 4" P.S. Slot Gauge .025" Length 5' Set between 45 ft. and 50 ft. FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other Welded			
		9 STAT. WATER LEVEL: 38 ft. below land surface <input type="checkbox"/> Flow			
		10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
		11 WELL HEAD COMPLETION <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit			
		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 40 to 42 ft. <input type="checkbox"/> Test cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
		13 NEAREST SOURCE OF POSSIBLE CONTAMINATION Type None Distance 50 ft. Direction Any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		14 PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grundfos Model number SP-27 HP 1/3 Volts 230 Length of Drop Pipe 43 ft. capacity 10 G.P.M. TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons			
15. Remarks, elevation, source of data, etc. 10" x 4" gravel wall well #1630 gravel 42' to 50' 50' to 53' backfilled with bentonite pellets for grout		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Laune-Northern Company 0550 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 468, Mishawaka, IN 46544 Signed Ernest H. Stahl Date 11-1-84 AUTHORIZED REPRESENTATIVE			

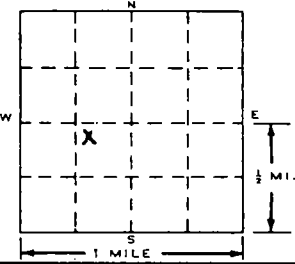
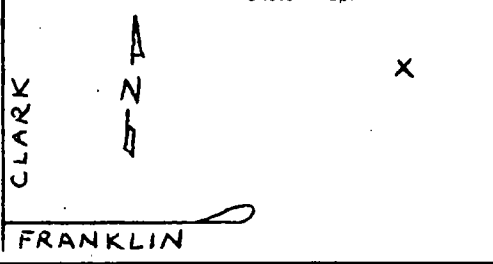
PART 127, ACT 368, P.A. 1978

(Rev 10-80)

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		2 No. 8 FORMATION DESCRIPTION		3 OWNER OF WELL:	
County Calhoun	Township Name Sheridan	Fraction NW 1/4 NE 1/4 SW 1/4	Section Number 36	Town Number T2 N/S	Range Number R4 E/W
Distance And Direction From Road Intersection 640' North and 136' East of the intersection of Franklin Avenue and Clark Street		Address McGraw-Edison Company 704 N. Clark Street Albion, MI 49224		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address & City of Well Location Clark Street, Albion, MI		Date of Completion 10-17-84		Well Depth: (completed) 45 ft.	
Locate with "X" in Section Below 		Sketch Map: 		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well		7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Diameter 4 in. to 40 ft. depth Grouted Drill Hole Diameter 10 in. to 46 ft. depth Height: Above/Below Surface 5 ft. Weight 10.8 lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 4" PS Slot/Gauze .025" Length 5' Set between 40 ft. and 45 ft. FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other Welded			
		9 STATIC WATER LEVEL: 39 ft. below land surface <input type="checkbox"/> Flow			
		10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
Brown dirty sand		7		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit	
Brown medium to coarse sand		16		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 35 to 37 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____	
Brown fine silty sand		4		13 Nearest source of possible contamination Type None Distance 50 ft. Direction Any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Brown coarse sand to medium gravel		1		14 PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grundfos Model number SP-19 HP 1/3 Volts 230 Length of Drop Pipe 38 ft. capacity 5 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: _____ Manufacturer's name _____ Model number _____ Capacity _____ Gallons	
Yellow silty clay		11		15. Remarks, elevation, source of data, etc. 10" x 4" gravel wall well #1630 gravel from 37 to 45 feet	
Brown fine to medium sand		6			
Red silty		.5			
Grey clay (stopped)		.5			
				16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Layne-Northern Company 0550 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 468, Mishawaka, IN 46544 Signed Don H. Stahl Date 11-1-84 AUTHORIZED REPRESENTATIVE	

WATER WELL RECORD

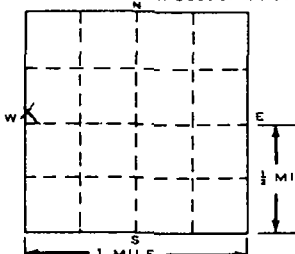
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			County <u>Calhoun</u> Twp. <u>Clarence</u> Fraction <u>SESESU</u> Section No. <u>36</u> Town <u>2</u> Range <u>4 NW</u>	
Distance And Direction from Road Intersections <u>NW corner of Newburgh and Excel Road</u>			3 OWNER OF WELL: Address <u>Gordon Martin</u> <u>9541, Albion</u>	
2 FORMATION			4 WELL DEPTH: (completed) <u>95'</u> ft. Date of Completion	
THICKNESS OF STRATUM			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
DEPTH TO BOTTOM OF STRATUM			<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
<u>Sandy clay</u>			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry	
<u>Stones</u>			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial	
<u>Sand rock</u>			<input type="checkbox"/> Test Well <input type="checkbox"/>	
7 CASING: Diam. <u>4</u> in. to <u>29</u> ft. Depth			Height: Above/Below surface <u>1</u> ft.	
Threaded <input type="checkbox"/> Welded <input type="checkbox"/>			Weight <u>11</u> lbs./ft.	
8 SCREEN:			Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Type: <u>none</u>				
Slot/Gauze _____ Length _____				
Set between _____ ft. and _____ ft.				
Fittings:				
9 STATIC WATER LEVEL <u>6</u> ft. below land surface				
10 PUMPING LEVEL below land surface <u>20</u> ft. after <u>2</u> hrs. pumping <u>35</u> g.p.m.				
_____ ft. after _____ hrs. pumping _____ g.p.m.				
11 WATER QUALITY in Parts Per Million: <u>unknown</u>				
Iron (Fe) _____ Chlorides (Cl) _____				
Hardness _____				
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade				
13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/>				
Depth: From _____ ft. to _____ ft.				
14 SANITARY: Nearest Source of possible contamination <u>80 feet SW</u> Direction <u>Septic</u> Type				
Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
15 PUMP: Manufacturer's Name <u>Decatur Pump Co</u>				
Model Number <u>145H10</u> HP <u>11</u>				
Length of Drop Pipe <u>20</u> ft. capacity <u>25</u> G.P.M.				
Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating				
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, <u>WEL</u> NO. CORRECTED BY: DATE BY:			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Clarence Well Drilling</u> 0404 REGISTERED BUSINESS NAME: _____ REGISTRATION NO. _____ Address <u>145 H 10</u> Signed <u>M. Leonard</u> Date <u>9/28/67</u> AUTHORIZED REPRESENTATIVE	

WATER WELL AND PUMP RECORD

 005187
 1 3 1 9 1 5
 PERMIT NUMBER

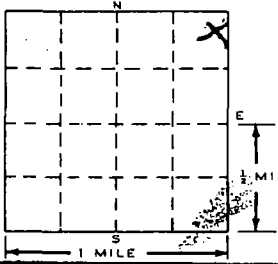
1 LOCATION OF WELL		Fraction		Section Number		Town Number		Range Number	
County Calhoun		Township Name Albion City		SW 1/4 SW 1/4 NW 1/4		36		25 N/S	
Distance And Direction From Road Intersection NE corner of Clark Street and North Street				3 OWNER OF WELL: Dorine Derr Address 934 N. Clark Albion, Michigan 49224 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Street Address & City of Well Location				4 WELL DEPTH: Date Completed 5/23/89 120 FT. <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well					
Locate with "X" in Section Below				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>					
Sketch Map: 				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>					
2 FORMATION DESCRIPTION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. SHAPE HOOT Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
BROWN CLAY				6		6		8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____	
GRAVEL				32		32		9 STATIC WATER LEVEL: 44 ft. below land surface <input type="checkbox"/> Flow	
SHALE				4		42		10 PUMPING LEVEL: below land surface 54 ft. after 1 hrs. pumping at 30 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
SANDROCK & SHALE				32		74		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
SANDROCK				46		120		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 47 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____	
								13 Nearest source of possible contamination Type SEPTIC Distance 50 ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
								14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Gould Model number 10570422 HP 1 Volts 230 Length of Drop Pipe 60 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: WELL X TANK Manufacturer's name _____ Model number WX202 Capacity 42 Gallons	
15. Remarks, elevation, source of data, etc.				16 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. SEAN TIANSON WELL DRILLING 1559 REGISTERED BUSINESS NAME REGISTRATION NO. Address 2371 W. DRIFT NORTH SPRINGFIELD MICH. Signed William Seaton Date 5-23-89 AUTHORIZED REPRESENTATIVE					
17. Rig Operator's Name:									

USE A 2ND SHEET IF NEEDED

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL															
County Jackson		Township Name Concord		Fraction NENE 1/4 NE 1/4		Section Number 5		Town Number 3 N.S.		Range Number 3 N.W.					
Distance and Direction from Road Intersections 1/8 mile west of Sibley Rd on Erie 40' South												3 OWNER OF WELL: Eugene Boehlke Address: Rt 1, Albion			
Street address & City of Well Location Locate with "X" in section below												4 WELL DEPTH: (completed) 120 ft. Date of Completion Oct 1			
Sketch Map: 												5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>			
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>												7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 11 ft. Diam. 4 in. to 86-8" ft. Depth 11 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN:									
Sandy Clay		0		3		Type: _____ Dia.: _____									
Dirty Gravel		67		70		Slot/Gauze _____ Length _____									
Dirty Sand Rock		37		107		Set between _____ ft. and _____ ft.									
Sand Rock		13		120		Fittings: _____									
9 STATIC WATER LEVEL												10 PUMPING LEVEL below land surface			
56 ft. below land surface												60 ft. after 2 hrs. pumping 30 g.p.m.			
												2 ft. after 2 hrs. pumping _____ g.p.m.			
11 WATER QUALITY in Parts Per Million:												12 WELL HEAD COMPLETION: <input type="checkbox"/> in Approved Pit			
Iron (Fe) _____ Chlorides (Cl) _____												<input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade			
Hardness _____ Other _____												13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
												<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>			
Depth: From _____ ft. to _____ ft.												14 Nearest Source of possible contamination			
55 feet N Direction septic Type _____												Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15 PUMP: <input checked="" type="checkbox"/> Not installed												17 WATER WELL CONTRACTOR'S CERTIFICATION:			
Manufacturer's Name _____												This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Model Number _____ HP _____ Volts _____												Leonard Well Drilling 0404			
Length of Drop Pipe _____ ft. capacity _____ G.P.M.												REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____			
Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating												Address Rt 1, Albion			
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, FROM NO. _____ CORRECTION _____ REMARKS _____												Signed M. Leonard Date 10/13/70 AUTHORIZED REPRESENTATIVE			

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

County JACKSON	Township Name CONCORD	Fraction NW 1/4 NE 1/4	Section Number 5	Town Number 3 N.S.	Range Number 3 E.W.
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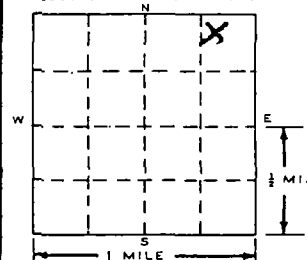
Distance And Direction from Road Intersections
1100' WEST OF GIBBER RD
25' SOUTH OF ERIE RD

3 OWNER OF WELL: *Kermit Oliphant*
Address *118 Linwood Alton*

Street address & City of Well Location 15209 FRIER RD ALBION

Locate with "X" in section below

Sketch Map:



4 WELL DEPTH: (completed) Date of Completion
120 ft. July 16 1970

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ _____

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐
Diam. _____
4 in. to 72 ft. Depth
_____ in. to _____ ft. Depth
Height: Above/Below
Surface _____ ft.
Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: *NONE*

9	STATIC WATER LEVEL	50	ft. below land surface
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10 PUMPING LEVEL below land surface
60 ft. after 3 hrs. pumping 30 g.p.m.

11 WATER QUALITY in Parts Per Million: *Unknown*
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐ _____
 Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
52 feet SE Direction SEPTIC Type
 Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☒ Not installed

Manufacturer's Name Burke

Model Number 55L57 HP 1 Volts 230

Length of Drop Pipe 60 ft. capacity 12 G.P.M.

Type: ☒ Submersible

☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

to the best of my knowledge and belief.

LEONARD WELL DRILLING CO. 0404
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 21 Springer
Signed M. Leonard Date 7-20-70
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

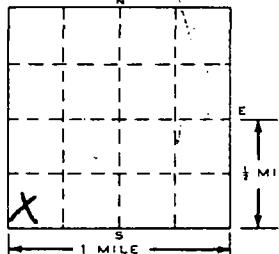
1 LOCATION OF WELL		* SE		PUBLIC HEALTH	
County JACKSON	Twp. Concord	Fraction SW NW	Section No. 5	Town B	Range 13 N.W.
Distance And Direction from Road Intersections 1.5-4.20' west on Ball Mill rd south of East side st		OWNER No. _____		3 OWNER OF WELL: DAN TRINE Address 465 Ball Mill rd Albion	
Street address & City of Well Location ALBION					
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) 105 ft. Date of Completion APR 23 1969	
SAND		50	(50)	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dual <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
SAND ROCK gray		19	69	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
brown sandrock		15	84	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 28 ft. Depth Height: Above/Below surface 2 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
medium hard gray sandrock		21	105	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: NONE	
				9 STATIC WATER LEVEL 35 ft. below land surface	
				10 PUMPING LEVEL below land surface 45 ft. after 1 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
				11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ UNKNOWN	
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
				13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
				14 SANITARY: NOT INSTALLED YET Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15 PUMP: DID NOT INSTALL Manufacturer's Name Depot Pumping Co Model Number 75H7P HP 3 Length of Drop Pipe 40 ft. capacity 20 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc. DES		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LEONARD WELL DRILLING CO 0404 REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address 1 Spruceport Signed M. Lechner Date 6-21-69 AUTHORIZED REPRESENTATIVE			

AUG 5 1983

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL--		TOWNSHIP NAME		Fraction	Section Number	Town Number	Range Number
County <u>Jackson</u>		Township Name <u>Concord</u>		Fraction <u>SW 1/4 SW 1/4</u>	Section Number <u>5</u>	Town Number <u>3 N</u>	Range Number <u>12 W</u>
Distance And Direction From Road Intersection <u>Northwest corner of intersection of Bath Mills Road and Albion Road</u>				3 OWNER OF WELL: <u>Don Wright</u> Address <u>1136 Albion Road</u> <u>Albion</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address & City of Well Location				4 WELL DEPTH: (completed) <u>40</u> ft. Date of Completion <u>5-3-83</u>			
Locate with "X" in Section Below				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> <u>Barv</u> <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
Sketch Map: 				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>			
2 FORMATION DESCRIPTION				7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded <u>5</u> in. to <u>40</u> ft. depth Height: Above/Below <u>1</u> ft. Surface <u>1</u> ft. Weight <u>1</u> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No			
THICKNESS OF STRATUM				8 SCREEN: <input type="checkbox"/> Not installed Type <u> </u> Diameter <u> </u> Slot/Gauze <u> </u> Length <u> </u> Set between <u> </u> ft. and <u> </u> ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <u> </u> ft. Other <u> </u>			
Clay				9 STATIC WATER LEVEL: <u>25</u> ft. below land surface <input type="checkbox"/> Flow			
Sand & gravel				10 PUMPING LEVEL below land surface <u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M. <u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.			
Sand rock				11 WELL HEAD COMPLETION <input checked="" type="checkbox"/> Dress adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			
				12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From <u> </u> to <u> </u> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other <u> </u> No. of bags of cement <u> </u> Additives <u> </u>			
				13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>30</u> ft. Direction <u>E</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RECEIVED Mich. Dept. of Public Health JUL 18 1983 Environmental and Occupational Health Services Administration				14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Tait</u> Model number <u>50-210</u> HP <u>1/2</u> Volts <u>230</u> Length of Drop Pipe <u>40</u> ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>UG 202 well tank</u> Model number <u>UG 20</u> Capacity <u>21</u> Gallons			
15. Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK (Rev. 10-80)				16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Well Driller</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springport</u> Signed <u>M. Leonard</u> Date <u>5-27-83</u> AUTHORIZED REPRESENTATIVE			

D67d

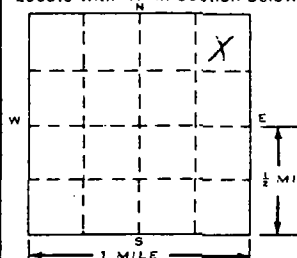
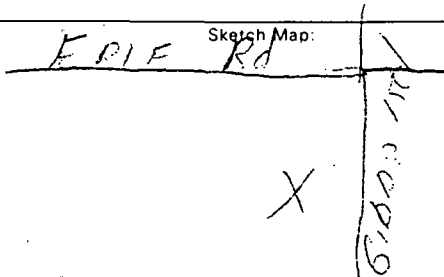
5-3

MAR 01 1978

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
Jackson		Concord		NE NW SW		5		3		N.S.		E.W.	
Distance And Direction from Road Intersections 1/2 mile south of Elm Road on east side of Bath Mills													
Street address & City of Well Location													
Locate with "X" in section below													
Sketch Map:													
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL:							
Travel		30		30		Wanda Brown							
Sand rock w gravel		10		40		Address 717 High Mills Road							
Sand rock		40		?		Albert							
4 WELL DEPTH: (completed) Date of Completion													
100 ft. 11-10-77													
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug													
<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>													
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry													
<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial													
<input type="checkbox"/> Test Well <input type="checkbox"/>													
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below													
Diam. 4 in. to 54 ft. Depth 11 ft.													
Weight 11 lbs./ft.													
Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
8 SCREEN:													
Type: _____ Dia.: _____													
Slot/Gauze _____ Length _____													
Set between _____ ft. and _____ ft.													
Fittings: _____													
9 STATIC WATER LEVEL													
40 ft. below land surface													
10 PUMPING LEVEL below land surface													
_____ ft. after _____ hrs. pumping _____ g.p.m.													
_____ ft. after _____ hrs. pumping _____ g.p.m.													
11 WATER QUALITY in Parts Per Million:													
Iron (Fe) _____ Chlorides (Cl) _____													
Hardness _____ Other _____													
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit													
<input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade													
13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>													
Depth: From _____ ft. to _____ ft.													
14 Nearest Source of possible contamination													
60 feet W Direction Septer Type													
Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No													
15 PUMP: <input checked="" type="checkbox"/> Not installed													
Manufacturer's Name _____													
Model Number _____ HP _____ Volts _____													
Length of Drop Pipe _____ ft. capacity _____ G.P.M.													
Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating													
16 Remarks, elevation, source of data, etc.													
NO 5824													
17 WATER WELL CONTRACTOR'S CERTIFICATION:													
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.													
Leonard Well Drilling 0404													
REGISTERED BUSINESS NAME													
Address _____													
Signed _____ Date 12-5-77													
AUTHORIZED REPRESENTATIVE													

2	1	5	8
---	---	---	---

1 LOCATION OF WELL		Township Name		Fraction		Section Number		Town Number		Range Number	
County <u>JACKSON</u>		<u>CONCORD</u>		<u>1/4</u>		<u>5</u>		<u>3</u> <u>W</u>		<u>3</u> <u>W</u>	
Distance And Direction From Road Intersection											
Street Address & City of Well Location											
Locate with "X" in Section Below				Sketch Map:				3 OWNER OF WELL: <u>JANE ADAMS</u> Address <u>1300 6th Rd</u> <u>SPR. ALBION-MICH 49224</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								4 WELL DEPTH: <u>130</u> FT. Date Completed <u>8</u> <u>2</u> <u>89</u> <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well			
2 FORMATION DESCRIPTION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug			
								<input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
								6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public			
								<input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump			
								<input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>			
BROWN CLAY				3		3		7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below			
								<input type="checkbox"/> Plastic <input type="checkbox"/> Welded			
								<u>5</u> in. to <u>96</u> ft. depth			
								<u>79</u> in. to <u>96</u> ft. depth			
								<u>79</u> in. to <u>96</u> ft. depth			
STONE - GRAVEL				29		91		Surface _____ ft.			
								Weight _____ lbs./ft.			
								Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No			
								8 SCREEN: <input checked="" type="checkbox"/> Not Installed			
								Type _____ Diameter _____			
SAND & ROCK				39		130		Slot/Gauge _____ Length _____			
								Set between _____ ft. and _____ ft.			
								FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check			
								<input type="checkbox"/> Blank above screen _____ ft. Other _____			
								9 STATIC WATER LEVEL: <u>55</u> ft. below land surface <input type="checkbox"/> Flow			
								10 PUMPING LEVEL: below land surface			
								<u>65</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M.			
								_____ ft. after _____ hrs. pumping at _____ G.P.M.			
								11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade			
								<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			
								12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>96</u> ft.			
								<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
								No. of bags of cement _____ Additives _____			
								13 Nearest source of possible contamination			
								Type <u>SEPTIC</u> Distance <u>50</u> ft. Direction _____			
								Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
								14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only			
								Manufacturer's name <u>Goulds</u>			
								Model number <u>10E705422</u> HP <u>1</u> Volts <u>230</u>			
								Length of Drop Pipe <u>75</u> ft. capacity <u>10</u> G.P.M.			
								TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet			
								PRESSURE TANK: <u>WELL + TROL</u>			
								Manufacturer's name <u>WX202</u>			
								Model number <u>WX202</u> Capacity <u>42</u> Gallons			
15. Remarks, elevation, source of data, etc.											
16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>SEBASTIAN CONCRETE WELL DRILLING 1559</u> REGISTERED BUSINESS NAME <u>23731 U. DRIVE NORTH SPRINGBORO</u> REGISTRATION NO. <u>1</u> Address <u>Willam Sebastian</u> Signed <u>8 2 89</u> Date											
17. Rig Operator's Name: _____											

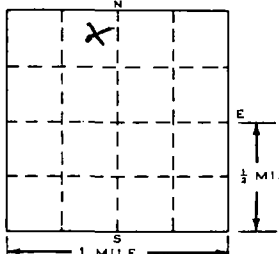
SEP 17 1970

WATER WELL RECORD

ACT 294

PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		2 FORMATION		3 OWNER OF WELL	
County JACKSON	Township Name CONCORD	Fraction N 1/2 E 1/2	Section Number 7	Town Number 3 N.S.	Range Number 3 E.W.
Distance And Direction from Road Intersections 950 WEST OF BATA MILLS RD 200' SOUTH OF FRIED		Sketch Map: 		Address 143 Bata Mills Road Albion	
Street address & City of Well Location Locate with "X" in section below		4 WELL DEPTH: (completed) 135 ft. Date of Completion July 13 1970		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 2 ft. Diam. 4 in. to 95 ft. Depth Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: NONE		9 STATIC WATER LEVEL 53 ft. below land surface	
		10 PUMPING LEVEL below land surface 63 ft. after 3 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		11 WATER QUALITY in Parts Per Million: UNKNOWN Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____	
		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
		14 Nearest Source of possible contamination 55 feet W Direction SEPTIC TANK FIELD Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Buck Model Number 55LKD HP 1/2 Volts 220 Length of Drop Pipe 60 ft. capacity 2 1/2 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LEONARD WELL DRILLING CO. 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address Springport Signed M. Leonard Date 5-20-70 AUTHORIZED REPRESENTATIVE			

D67d

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6-1

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SEP 12 1979

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

1 LOCATION OF WELL

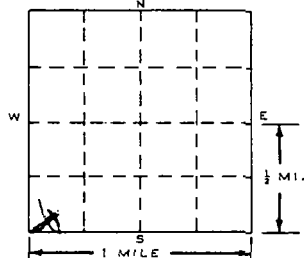
County Jackson Township Name Concord Fraction 5/8 SW 1/4 Section Number 6 Town Number 3 N.S. Range Number 13 E.W.

Distance And Direction from Road Intersections
1/2 mile east of Van Wert Road
on north side of Albion Rd.

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

clay	3	3
gravel	12	15
gravel & clay	20	35
sand rock	55	90

3 OWNER OF WELL:

Address Windall Bishop
165 Albion Rd.
Albion Mich

4 WELL DEPTH: (completed) Date of Completion

90 ft. 5/23/79

5 ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐Height: Above/Below
Diam. Surface 2 ft.

4 in. to 36 ft. Depth Weight 11 lbs./ft.

in. to ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

32 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

25 feet W Direction Korners type

Well disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☐ Not installedManufacturer's Name WardModel Number 100NRIAC HP 1 Volts 230Length of Drop Pipe 50 ft. capacity 12 G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address SpringportSigned M. Leonard Date 6-14-79

AUTHORIZED REPRESENTATIVE

JAN 29 1976

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

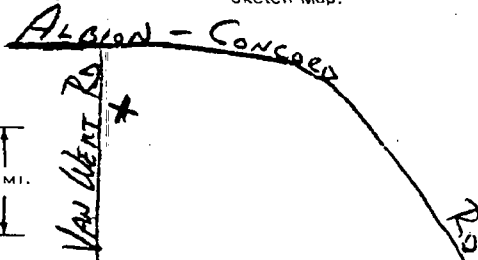
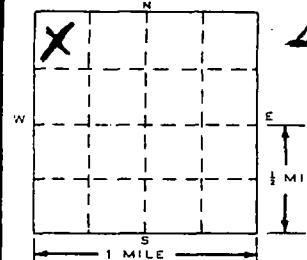
1 LOCATION OF WELL

County Jackson	Township Name Concord	Fraction SW$\frac{1}{4}$NW$\frac{1}{4}$NW$\frac{1}{4}$	Section Number 7	Town Number 3 N/S.	Range Number 3 E/W.
--------------------------	---------------------------------	---	----------------------------	---	--

Distance And Direction from Road Intersections **1/10th Mile south of Albion Rd. on east side of rd.**Street address & City of Well Location
**1197 Van Wert Rd
Albion, Michigan**

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address
**Dean Robinson
29685 Albion Rd
Albion, Michigan**

4 WELL DEPTH: (completed) Date of Completion

80 ft. **3/27/75**

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/BelowDiam. **4** in. to **28** ft. DepthWeight **11** lbs./ft.Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

33 ft. below land surface

10 PUMPING LEVEL below land surface

35 ft. after **1** hrs. pumping **15** g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

50+ feet **E** Direction **Septic** TypeWell disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installedManufacturer's Name **Reda**Model Number **9D9P051** HP $\frac{1}{2}$ Volts **230**Length of Drop Pipe **42** ft. capacity **42** G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

16 Remarks, elevation, source of data, etc.

Well Permit #3855

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY **T. T.**

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc.**106**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **Parma, Michigan****49269**Signed **William Stieber**Date **3/31/75**

AUTHORIZED REPRESENTATIVE

2 SEP 12 1979

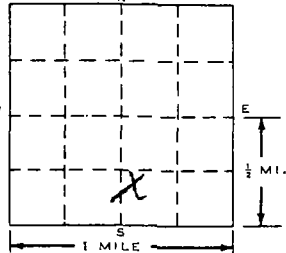
WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF

PUBLIC HEALTH

1 LOCATION OF WELL			County		Township Name		Fraction		Section Number		Town Number		Range Number	
JACKSON CONCORD			JACKSON		CONCORD		SW		7		3 N.S.		3 E.W.	
Distance And Direction from Road Intersections 1 mile East of Van Wert Rd 2 on north side of Schults Road														
Street address & City of Well Location 16336 20 Schults Rd														
Locate with "X" in section below  Sketch Map: Permit #6430														
2 FORMATION			THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL							
Brown clay			7		7		Robert Jensen							
Shale			18		25		Address Schults Rd							
sand rock			5		35		16336 20							
sand rock			50		40		4 WELL DEPTH: (completed) Date of Completion							
							80 ft. 11/2/78							
							5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug							
							<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>							
							6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry							
							<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial							
							<input type="checkbox"/> Test Well <input type="checkbox"/>							
							7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below							
							Diam. 4 in. to 4 1/4 ft. Depth 2 ft.							
							Weight 11 lbs./ft.							
							Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
							8 SCREEN:							
							Type: _____ Dia.: _____							
							Slot/Gauze _____ Length _____							
							Set between _____ ft. and _____ ft.							
							Fittings: _____							
							9 STATIC WATER LEVEL							
							22 ft. below land surface							
							10 PUMPING LEVEL below land surface							
							_____ ft. after _____ hrs. pumping _____ g.p.m.							
							_____ ft. after _____ hrs. pumping _____ g.p.m.							
							11 WATER QUALITY in Parts Per Million:							
							Iron (Fe) _____ Chlorides (Cl) _____							
							Hardness _____ Other _____							
							12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit							
							<input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade							
							13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
							<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>							
							Depth: From _____ ft. to _____ ft.							
							14 Nearest Source of possible contamination							
							20 feet 5 Direction S.E. Type							
							Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No							
							15 PUMP: <input type="checkbox"/> Not installed							
							Manufacturer's Name _____							
							Model Number 105 HP 4 Volts 230							
							Length of Drop Pipe 35 ft. capacity 40 G.P.M.							
							Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
							16 Remarks, elevation, source of data, etc.							
							Permit no. 6430							
							17 WATER WELL CONTRACTOR'S CERTIFICATION:							
							This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.							
							Leonard W. Leckert 0404							
							REGISTERED BUSINESS NAME REGISTRATION NO.							
							Address _____							
							Signed _____ Date 4-28-79							
							AUTHORIZED REPRESENTATIVE							

ADDED INFO BY: [illegible]

CORRECTED BY:

ADDITION BY:

USE A 2ND SHEET IF NEEDED

ELEVATION
DEPTH TO ROCK

MAR 07 1972

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
Jackson		Concord		SW 1/4 SE 1/4		7		13		13		13	
Distance And Direction from Road Intersections 1/2 mile west of path mill road on north side of Schultz road													
Street address & City of Well Location Locate with "X" in section below													
Sketch Map:													
3 OWNER OF WELL Robert Lincoln Schultz Road Albion, Mich.													
4 WELL DEPTH: (completed) Date of Completion 100 ft. 1-18-72													
5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>													
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>													
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/below Diam. 4 in. to 47 ft. Depth Surface 2 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____													
9 STATIC WATER LEVEL 24 ft. below land surface													
10 PUMPING LEVEL below land surface 35 ft. after 2 hrs. pumping 35 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.													
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____													
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade													
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.													
14 Nearest Source of possible contamination 50 feet N Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating													
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER. ITEM NO. CORRECTED BY: ADDITION BY:													
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address _____ Signed _____ Date 1-22-72 AUTHORIZED REPRESENTATIVE													

D67d

100M (Rev. 12-68)

GEOLOGICAL SURVEY COPY

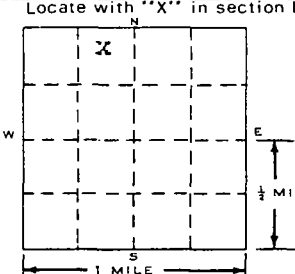
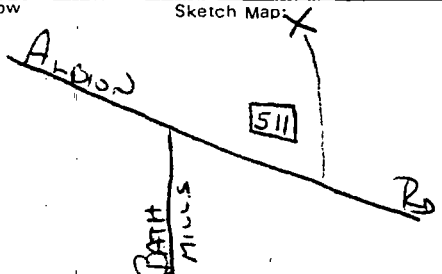
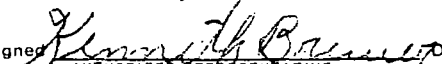
D67d 2/84

JAN 24 1984

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County Jackson	Township Name Concord	Fraction NE 1/4 NW 1/4 NW 1/4	Section Number 8	Town Number 3 NW/4	Range Number 3 NE/W.
Distance And Direction from Road Intersections Just East of Bath Mills Rd. on North Side of Rd. Driveway east of 511 Albion Rd. 30 rods off rd Albion Rd.			3 OWNER OF WELL: Trojan Builders Address P.O. Box 233 Homer, Michigan 49245		
Street address & City of Well Location Concord, Mich.			4 WELL DEPTH: (completed) 80 ft. Date of Completion 6/21/83		
Locate with "X" in section below  Sketch Map: 			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above 1 ft. below Surface 1 ft. 4 in. to 51 1/2 ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
Sandy clay			9 STATIC WATER LEVEL 31 ft. below land surface		
Brown clay			10 PUMPING LEVEL below land surface 32 ft. after 1 hrs. pumping 16 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
Gray shale			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
Gray sandrock			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
Brown sandrock			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
			16 Remarks, elevation, source of data, etc. Well Permit #8561 Under name of Claudio Martinez		
			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. R.M. Brewer & Son Inc. 106 REGISTERED BUSINESS NAME REGISTRATION NO. Address Parma, Michigan 49259 Signed  Date 6/30/83 AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH**SE NW 1/4**

1 LOCATION OF WELL			3 OWNER OF WELL: <u>Don Wright</u>		
County <u>JACKSON</u>	Twp. <u>CONCORD</u>	Fraction <u>NE 1/4</u>	Section No. <u>8</u>	Town <u>3 N.</u>	Range <u>3 R.W.</u>
Distance And Direction from Road Intersections <u>1265 E 4th St. to 1st Ave. N.</u> <u>+ 60 North of Albion Rd.</u>			OWNER No. 		
Street address & City of Well Location <u>1136 ALBION RD ALBION</u>			<u>1136 ALBION RD RA/ALBION</u>		
2	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>100</u> ft. Date of Completion <u>Aug 1967</u>	
	<u>clay brown</u>	<u>14</u>	<u>14</u>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug. <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
	<u>clay sandy light brown</u>	<u>10</u>	<u>24</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
	<u>clay gravelly</u>	<u>10</u>	<u>(34)</u>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <u>27</u> ft. <u>4</u> in. to <u>44</u> ft. Depth Weight <u>11</u> lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	<u>soft brown sandrock</u>	<u>6</u>	<u>40</u>	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
	<u>medium hard brown sandrock</u>	<u>20</u>	<u>60</u>	9 STATIC WATER LEVEL <u>46</u> ft. below land surface	
	<u>medium hard whiteish</u>			10 PUMPING LEVEL below land surface <u>60</u> ft. after <u>3</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
	<u>brown sandrock</u>	<u>30</u>	<u>90</u>	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ <u>Unknown</u>	
	<u>fine sandrock medium hard</u>	<u>10</u>	<u>100</u>	12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade	
				13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
				14 SANITARY: <u>back yard</u> Nearest Source of possible contamination <u>100</u> feet <u>N</u> Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15 PUMP: <u>Did Not Install</u> Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.				17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LEONARD WELL DRILLING</u> <u>0404</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>911, Springport</u> Signed <u>Marion Leodon</u> Date <u>8/12/67</u> AUTHORIZED REPRESENTATIVE	

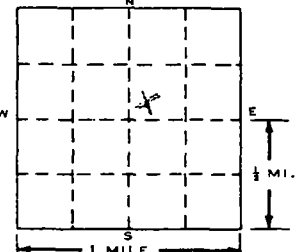
NOTED BY DRILLER, ITEM NO. CORRECTED BY: ADDITION BY:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

35

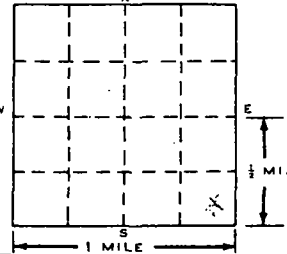
441

1 LOCATION OF WELL						
County <u>Talbot</u>	Township Name <u>Albion</u>	Fraction <u>SW 1/4 Sec 14 T4N R6E</u>	Section Number <u>1</u>	Town Number <u>3</u>	Range Number <u>4</u> <u>W</u>	
Distance And Direction From Road Intersection			3 OWNER OF WELL: <u>James Lucido</u>			
Street Address & City of Well Location			Address <u>633 Newburg Rd</u> <u>Albion, MI</u>			
Locate with "X" in Section Below			Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<div style="display: flex; align-items: center;"><div style="flex: 1;"></div><div style="flex: 1; padding-left: 10px;">Sketch Map: <u>NA Sec 20</u> <u>Newburg Rd</u></div></div>			4 WELL DEPTH: (completed) <u>60</u> ft. Date of Completion <u>DEC 3 1987</u>			
			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> _____			
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/> _____			
			7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Surface _____ ft. Diameter <u>5</u> in. to <u>40</u> ft. depth Weight _____ lbs. ft. Ground Drill Hole Diameter <u>8</u> in. to <u>40</u> ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>8</u> in. to _____ ft. depth			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____		
		<u>BROWN CLAY</u>	<u>7</u>			<u>7</u>
		<u>GRAVEL</u>	<u>25</u>			<u>32</u>
		<u>SANDROCK</u>	<u>28</u>			<u>60</u>
9 STATIC WATER LEVEL: <u>27</u> ft. below land surface <input type="checkbox"/> Flow		10 PUMPING LEVEL: below land surface <u>37</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.				
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>40</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____				
13 Nearest source of possible contamination Type <u>SE</u> Distance <u>105</u> ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Goulds</u> Model number <u>10ETCB422</u> HP <u>1</u> Volts <u>115</u> Length of Drop Pipe <u>40</u> ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK. <u>WELL X TOOL</u> Manufacturer's name _____ Model number <u>WX202</u> Capacity <u>42</u> Gallons				
15. Remarks, elevation, source of data, etc.		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>SEBASTIAN & SONS WELL DRILLING</u> <u>1559</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>28731 U DRIVE NORTH</u> Signed <u>William Sebastian</u> Date <u>DEC 3 1987</u> AUTHORIZED REPRESENTATIVE				
		Authority: _____ Act 368 PA 1978 Completion: _____ Required Penalty: _____ Conviction of a violation of any provision is a misdemeanor.				

WATER WELL AND PUMP RECORD

PERMIT NUMBER

131976

1 LOCATION OF WELL		Fraction		Section Number	Town Number	Range Number
County <u>Calhoun</u>	Township Name <u>Albion</u>	<u>SE 1/4</u>	<u>SE 1/4</u>	<u>1</u>	<u>3</u>	<u>4</u>
Distance And Direction From Road Intersection <u>1/2 mile</u>		3 OWNER OF WELL: <u>Adrian Robinson</u>				
Street Address & City of Well Location Locate with "X" in Section Below		Address <u>21901 L.O. Dr. Albion MI.</u>				
Sketch Map: 		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>84</u> ft.		
<u>BROWN CLAY & STONE</u>		<u>8</u>	<u>8</u>	Date of Completion		
<u>GRAVEL</u>		<u>76</u>	<u>84</u>	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
				<input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>		
				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public		
				<input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump		
				<input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>		
				7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded		
				Height: Above/Below Surface <u>SHALE FOOT</u> ft.		
				Weight <u>SHALE FOOT</u> lbs./ft.		
				Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No		
				8 SCREEN: <u>STAINLESS STEEL</u> <input type="checkbox"/> Not Installed		
				Type <u>SLOTTE</u> Diameter <u>4"</u>		
				Slot/Gauze <u>18</u> Length <u>4'</u>		
				Set between <u>80</u> ft. and <u>84</u> ft.		
				FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check		
				<input type="checkbox"/> Blank above screen <u>WASHING PLUG</u> Other		
				9 STATIC WATER LEVEL: <u>42</u> ft. below land surface <input type="checkbox"/> Flow		
				10 PUMPING LEVEL: below land surface <u>AIR TEST</u>		
				<u>5</u> ft. after <u>5</u> hrs. pumping at <u>5</u> G.P.M.		
				<u>5</u> ft. after <u>5</u> hrs. pumping at <u>5</u> G.P.M.		
				11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade		
				<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
				12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>80</u> ft.		
				<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other		
				No. of bags of cement <u> </u> Additives <u> </u>		
				13 Nearest source of possible contamination		
				Type <u>SEPTIC</u> Distance <u>50'</u> Direction <u> </u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				14 PUMP: <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only		
				Manufacturer's name <u> </u>		
				Model number <u> </u> HP <u> </u> Volts <u> </u>		
				Length of Drop Pipe <u> </u> ft. capacity <u> </u> G.P.M.		
				TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <u> </u>		
				PRESSURE TANK: <u> </u>		
				Manufacturer's name <u> </u>		
				Model number <u> </u> Capacity <u> </u> Gallons		
15. Remarks, elevation, source of data, etc.		16. WATER WELL CONTRACTOR'S CERTIFICATION:				
		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief				
		<u>SEBASTIAN SONS</u> <u>1559</u>				
		REGISTERED BUSINESS NAME: <u>28731 U. DRIVE NORTH SPRINGBOR</u>				
		Address <u> </u>				
		Signed <u>William Sebastian</u> Date <u>9-25-87</u>				
		AUTHORIZED REPRESENTATIVE				

USE A 2ND SHEET IF NEEDED

D67d 2/84

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978
 Completion: Required
 Penalty: Conviction of a violation of any provision is a misdemeanor.

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <i>Calhoun</i>	Twp. <i>Albion</i>	Fraction <i>NW 1/4 NW 1/4</i>	Section No. <i>1</i>	Town <i>3 N/S.</i>	Range <i>4 E/W.</i>
Distance And Direction from Road Intersections <i>North side Erie St 1/4 mi west Newburg rd (2 1/2 mi)</i>			OWNER OF WELL: <i>Howard Pewsey</i>		
Street address & City of Well Location			Address <i>803 E Erie</i>		

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion
<i>Sandy clay</i>	<i>13</i>	<i>(13)</i>	<i>80 ft. Nov 15 1968</i>
<i>Sand rock</i>	<i>67</i>	<i>80</i>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>
			7 CASING: Diam. <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> <i>4 in. to 2 1/2 in. Depth</i> Height: Above/Below surface <i>2 1/2 ft.</i> <i>in. to ft. Depth</i> Weight <i>11 lbs/ft.</i> Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			8 SCREEN: <i>None</i> Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
			9 STATIC WATER LEVEL <i>9 ft. below land surface</i>
			10 PUMPING LEVEL below land surface <i>26 ft. after 2 hrs. pumping 30 g.p.m.</i> _____ ft. after _____ hrs. pumping _____ g.p.m.
			11 WATER QUALITY in Parts Per Million: <i>unknown</i> Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <i>unknown</i> <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
			14 SANITARY: <i>Not installed</i> Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: <i>unknown</i> Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, ITEM *1111*CORRECTED BY: */*ADDITION BY: */*

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Leonard Well Drilling
REGISTERED BUSINESS NAME*0404*
REGISTRATION NO.Address *Springport*Signed *M. Leonard*
AUTHORIZED REPRESENTATIVEDate *Dec 11 1968*

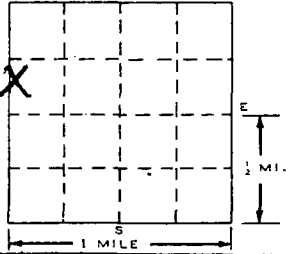
APR 28 1968

JAN 09 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Calhoun</u> Township <u>Albion</u> Fraction <u>NW 1/4 NW 1/4</u> Section Number <u>1</u> Town Number <u>3</u> N/S. Range Number <u>4</u> E/W.	
Distance And Direction from Road Intersections <u>1/2 mi. west of 29.5 mi. road</u> <u>on south side of Erie Road</u> <u>133 & Erie Albion</u>		3 OWNER OF WELL: <u>George Joyt</u> Address <u>1300 E Erie Albion</u>	
Street address & City of Well Location Locate with "X" in section below		4 WELL DEPTH: (completed) Date of Completion <u>75</u> ft. <u>12-26-73</u>	
Sketch Map: 		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. <u>4</u> in. to <u>31</u> ft. Depth Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2 FORMATION		8 SCREEN:	
THICKNESS OF STRATUM		Type: _____ Dia.: _____	
DEPTH TO BOTTOM OF STRATUM		Slot/Gauze _____ Length _____	
<u>Sand</u>		Set between _____ ft. and _____ ft.	
<u>Sand rock</u>		Fittings: _____	
		9 STATIC WATER LEVEL <u>4</u> ft. below land surface	
		10 PUMPING LEVEL below land surface <u>10</u> ft. after <u>4</u> hrs. pumping <u>42 1/2</u> g.p.m.	
		_____ ft. after _____ hrs. pumping _____ g.p.m.	
		11 WATER QUALITY in Parts Per Million:	
		Iron (Fe) _____ Chlorides (Cl) _____	
		Hardness _____ Other _____	
		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> Above Grade	
		13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>	
		Depth: From <u>0</u> ft. to <u>24</u> ft.	
		14 Nearest Source of possible contamination <u>50</u> feet <u>NE</u> Direction <u>Septic</u> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		15 PUMP: <input checked="" type="checkbox"/> installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:	
ADDED INFO BY DRILLER, ITEM NO.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
ELEVATION BY		<u>Leonard Well Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO.	
ELEVATION		Address <u>Springport</u>	
DEPTH TO ROCK		Signature <u>M. Leonard</u> Date <u>12-29-73</u> AUTHORIZED REPRESENTATIVE	

USE A 2ND SHEET IF NEEDED

MAR 20 1979

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

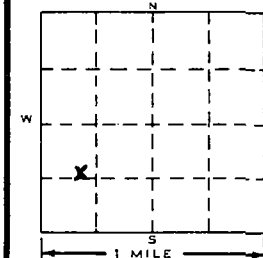
County Calhoun Township Name Albion Fraction 2E 1/4 Sec 18 T20N Section Number 1 Town Number 3 Range Number 4

Distance And Direction from Road Intersections 1/4 mile E. of S. Hamlet3 OWNER OF WELL Van Moe Homes

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



W
N
E
S
1 MILE

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUMClay & Rocks15(15)Marshall Sand Rock3550Address 101 9th StParma, Mich

4 WELL DEPTH: (completed) Date of Completion

50 ft. 7-18-78

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☐ Welded ☒ Height: Above/belowDiam. Surface 1 ft.Weight 200 lbs./ft.Drive Shoe? Yes ☐ No ☒

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

14 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☐ Pitless Adapter ☒ 12" Above Grade13 Well Grouted? ☒ Yes ☐ No☐ Neat Cement ☒ Bentonite ☐Depth: From 0 ft. to 26 ft.

14 Nearest Source of possible contamination

20 feet S Direction Sewer TypeWell disinfected upon completion ☐ Yes ☐ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY UNILLEN ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

W. H. Barnard 150

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address 548 PershingSigned John A. Barnard Date 3/11/79

AUTHORIZED REPRESENTATIVE

JUL 25 1978

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

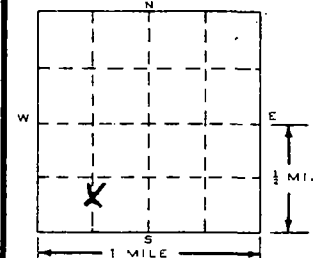
County CALHOUN Township Albion Fraction NWSE 1/4 Section Number 1 Town Number 3 Range Number 4

Distance And Direction from Road Intersections
1/4 mile west of 29th mile Road
on north side of Albion Concord Road

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address

Harvard Claucherty
923 maple
Albion Mich.

4 WELL DEPTH: (completed) Date of Completion

80 ft. 5-10-78

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

Diam.

Surface 1 ft.Weight 11 lbs./ft.Drive Shoe? Yes ☐ No ☒

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

20 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

40 feet 5 Direction septa typeWell disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☐ Not installedManufacturer's Name BurkeModel Number 55NB8B HP 1 Volts 23Length of Drop Pipe 40 ft. capacity 2.1 G.P.M.Type: ☒ Submersible☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true

to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

Signed

AUTHORIZED REPRESENTATIVE

Date

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <u>Alcona</u>	Twp <u>Alcona</u>	Fraction <u>SW 1/4 SE 1/4</u>	Section No. <u>1</u>	Town <u>3 N 1/2</u>	Range <u>4 E 1/2</u>
Distance And Direction from Road Intersections <u>500 ft west of 29 1/2 mi rd on</u> <u>Drive 50 on north side 160 ft</u> <u>off of rd</u>		OWNER No. <u> </u>		3. OWNER OF WELL: <u>KEN PETTIT (KOW)</u> <u>2505 of Parmo</u> <u>Parmo</u>	
Street address & City of Well Location					

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion
<u>Gravel</u>	<u>27</u>	<u>27</u>	<u>100</u> ft. <u>SEPT 1967</u>
<u>Sand</u>	<u>22</u>	<u>49</u>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____
<u>Sand rock</u>	<u>51</u>	<u>100</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Digm. <u>4</u> in. to <u>57</u> ft. Depth Height: Above/Below surface <u>2</u> ft. Weight <u>11</u> lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
			9 STATIC WATER LEVEL <u>19</u> ft. below land surface
			10 PUMPING LEVEL below land surface <u>24</u> ft. after _____ hrs. pumping <u>35</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
			14 SANITARY: <u>NOT INSTALLED</u> Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: <u>not installed</u> Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. AT _____

CORRECTION

REVISIONS

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO. 0404Address 2505 of ParmoSigned Ken PettitDate 9/16/67

AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

-MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		Twp. <u>ALBION</u>		Fraction <u>N 1/4 N 1/4 N 1/4</u>	Section No. <u>1</u>	Town <u>3</u> Ws. <u>4</u> N.W.
County <u>CALHOUN</u>		Distance And Direction from Road Intersections <u>2.30' NORTH OF ERIE RD</u> <u>2 80' WEST OF MARTIN RD</u>		OWNER No. _____		3. OWNER OF WELL: <u>GORDON MARTIN</u>
Street address & City of Well Location <u>MARTIN RD ALBION</u>		Address <u>Box 124 ALBION</u>		4 WELL DEPTH: (completed) Date of Completion <u>75</u> ft. <u>August 4 1967</u>		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>			
<u>Sandy clay</u>	<u>8</u>	<u>8</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>			
<u>medium hard to soft brown sandrock</u>	<u>10</u>	<u>12</u>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>4</u> in. to <u>26</u> ft. Depth Height: Above/Below surface <u>2</u> ft. Weight <u>11</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<u>sandrock</u>			8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____			
<u>medium to brown sandrock</u>	<u>20</u>	<u>32</u>	9 STATIC WATER LEVEL <u>2</u> ft. below land surface			
<u>medium hard gray sandrock</u>	<u>37</u>	<u>75</u>	10 PUMPING LEVEL below land surface <u>15</u> ft. after <u>12</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.			
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____			
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade			
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.			
			14 SANITARY: NOT SANITARY Nearest Source of possible contamination <u>60</u> feet <u>SE</u> Direction <u>Septic</u> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 PUMP: <u>Model Jack</u> Manufacturer's Name <u>HP</u> Model Number <u>20</u> HP <u>1/2</u> Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LEONARD WELL DRILLING</u> <u>0404</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>111 Springport</u> <u>Moreland</u> Signed _____ Date <u>8/17/67</u> AUTHORIZED REPRESENTATIVE			

MAY 29 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1-3

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
CALHOUN		ALBION		NENE SW		1		3 N.S.		4 E.W.			
Distance And Direction from Road Intersections About 1/4 tenth mile North of Albion Rd About 160' West of 27 1/2 mile Rd													
Street address & City of Well Location													
Locate with "X" in section below													
Sketch Map:													
2 FORMATION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL:					
brown sandy clay				18		18		Dan Conley					
clay gray gravelly				19		(37)		1085 Choumcey					
soft gray sandrock				10		47		Albion					
medium hard gray sandrock				48		95		4 WELL DEPTH: (completed) Date of Completion					
								95 ft. May 14 1974					
								5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug					
								<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>					
								6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry					
								<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial					
								<input type="checkbox"/> Test Well <input type="checkbox"/>					
								7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface					
								4 in. to 50 ft. Depth 18' 1/2					
								Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
								8 SCREEN:					
								Type: _____ Dia.: _____					
								Slot/Gauze _____ Length _____					
								Set between _____ ft. and _____ ft.					
								Fittings: NONE					
								9 STATIC WATER LEVEL					
								2 ft. below land surface					
								10 PUMPING LEVEL below land surface					
								20 ft. after 1/2 hrs. pumping 30 g.p.m.					
								_____ ft. after _____ hrs. pumping _____ g.p.m.					
								11 WATER QUALITY in Parts Per Million: UNKNOWN					
								Iron (Fe) _____ Chlorides (Cl) _____					
								Hardness _____ Other _____					
								12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit					
								<input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade					
								13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
								<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>					
								Depth: From _____ ft. to _____ ft.					
								14 Address Source of possible contamination: NONE					
								50 feet Direction South of the well Type					
								Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
								15 PUMP: <input checked="" type="checkbox"/> Not installed					
								Manufacturer's Name _____					
								Model Number _____ HP _____ Volts _____					
								Length of Drop Pipe _____ ft. capacity _____ G.P.M.					
								Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
USE A 2ND SHEET IF NEEDED													
16 Remarks, elevation, source of data, etc.													
ADDED INFO BY DRILLER, ITEM NO.													
RECEIVED BY _____													
ELEVATION _____													
DEPTH TO ROCK _____													
17 WATER WELL CONTRACTOR'S CERTIFICATION:													
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.													
LEONARD WELL DRILLING CO. 0404													
REGISTERED BUSINESS NAME REGISTRATION NO.													
Address _____													
Signed _____ Date 5-18-74													
AUTHORIZED REPRESENTATIVE													

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH.

1 LOCATION OF WELL			3. OWNER OF WELL:	
County CALHOUN	Twp. <i>Albion</i>	Fraction <i>SW 1/4 NW 1/4</i>	Section No. <i>1</i>	Town <i>3 N/S.</i>
Distance And Direction from Road Intersections <i>1/4 mile S of Plummer on EAST side of 29 mi</i>			Address <i>710 S SUPERIOR ALBION MICH</i>	
2 FORMATION			4 WELL DEPTH: (completed) Date of Completion	
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<i>82</i> ft. <i>Oct 1967</i>	
<i>Layer Sand</i>	<i>30</i>	<i>30</i>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<i>Sand rock (Yellow)</i>	<i>8</i>	<i>38</i>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
<i>Sand rock (White)</i>	<i>44</i>	<i>82</i>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry	
			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial	
			<input type="checkbox"/> Test Well <input type="checkbox"/>	
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height <i>6</i> ft. Below surface <i>6</i> ft.	
			Digm. <i>4</i> in. to <i>38</i> ft. Depth Weight <i>11</i> lbs/ft.	
			in. to ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
			8 SCREEN:	
			Type: Dia.: Slot/Gauze Length: Set between ft. and ft. Fittings:	
			9 STATIC WATER LEVEL <i>26</i> ft. below land surface	
			10 PUMPING LEVEL below land surface <i>Pact 30</i> ft. after <i>1 1/2</i> hrs. pumping <i>30</i> g.p.m.	
			ft. after hrs. pumping g.p.m.	
			11 WATER QUALITY in Parts Per Million: Iron (Fe) Chlorides (Cl) Hardness	
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Plug Adapter <input type="checkbox"/> 12" Above Grade	
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Depth: From ft. to ft.	
			14 SANITARY: Nearest Source of possible contamination <i>Not a water</i> feet Direction <i>SEPTIC</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			15 PUMP: Manufacturer's Name <i>Not installed</i> Model Number HP Length of Drop Pipe ft. capacity G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:	
ADDED INFO. BY DRILLER. ITEM NO.			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
*CORRECTED BY:			<i>James M. Wells, Jr.</i> <i>65404</i>	
**ADDITION BY:			REGISTERED BUSINESS NAME REGISTRATION NO.	
			Address <i>111 Sprague</i>	
			Signed <i>James M. Wells, Jr.</i> Date <i>10/7/67</i>	
			AUTHORIZED REPRESENTATIVE	

JUL 23 1968

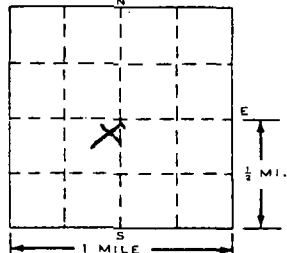
SEP 07 1972

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Calhoun</u> Township Name <u>Albion</u> Fraction <u>SW 1/4 SW 1/4</u> Section Number <u>1</u> Town Number <u>7</u> N.S. Range Number <u>4</u> E.W.	
Distance And Direction from Road Intersections <u>2.50 East at 29 mi rd on N side of Albion Concord rd</u>		3 OWNER OF WELL: <u>Gordon MARTIN</u>	
Street address & City of Well Location		Address <u>Albion</u>	
Locate with "X" in section below		4 WELL DEPTH: (completed) <u>78</u> ft. Date of Completion <u>July 28, 1972</u>	
Sketch Map:		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
2 FORMATION		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
THICKNESS OF STRATUM		4 in. to <u>32</u> ft. Depth	
DEPTH TO BOTTOM OF STRATUM		in. to _____ ft. Depth	
<u>SANDY CLAY</u>		8 SCREEN:	
<u>SOFT SAND ROCK</u>		Type: _____ Dia.: _____	
<u>MEDIUM HARD SAND ROCK</u>		Slot/Gauze _____ Length _____	
<u>30</u>		Set between _____ ft. and _____ ft.	
<u>6</u>		Fittings: _____	
<u>42</u>		9 STATIC WATER LEVEL	
<u>78</u>		<u>20</u> ft. below land surface	
		10 PUMPING LEVEL below land surface	
		<u>30</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m.	
		_____ ft. after _____ hrs. pumping _____ g.p.m.	
		11 WATER QUALITY in Parts Per Million:	
		Iron (Fe) _____ Chlorides (Cl) _____	
		Hardness _____ Other _____	
		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit	
		<input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
		13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>	
		Depth: From _____ ft. to _____ ft.	
		14 Nearest Source of possible contamination	
		<u>Not installed</u> Type _____	
		Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No	
		15 PUMP: <input type="checkbox"/> Not installed	
		Manufacturer's Name <u>DeCater Pump Co</u>	
		Model Number <u>75H72</u> H.P. <u>3/4</u> Volts <u>220</u>	
		Length of Drop Pipe <u>30</u> ft. capacity _____ G.P.M.	
		Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:	
_____		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
_____		<u>Leonard Well Drilling</u> 0404	
_____		REGISTERED BUSINESS NAME	
_____		Address _____	
_____		Signature <u>M. Leonard</u> Date <u>8-5-72</u>	
_____		AUTHORIZED REPRESENTATIVE	

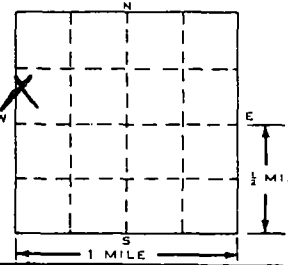
1 LOCATION OF WELL		County <u>Calhoun</u> Township Name <u>Albion</u> Fraction <u>NE 1/4</u> Section Number <u>1</u> Town Number <u>3</u> Range Number <u>4</u>	
Distance And Direction From Road Intersection <u>1/2 mile south of Eire Road</u> <u>on west side of 29 1/2 mile Road</u>		3 OWNER OF WELL: <u>John Passmore</u> <u>810 Newburg Road</u> <u>Albion</u>	
Street Address & City of Well Location		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		4 WELL DEPTH: (completed) <u>80</u> ft. Date of Completion <u>4-6-83</u>	
Sketch Map: 		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> <u>Auger</u> <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>	
		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> <u>5 in.</u> <input type="checkbox"/> Welded Height: Above/Below <u>1</u> ft. Surface <u>1</u> ft. Weight <u>51</u> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 FORMATION DESCRIPTION		8 SCREEN: <input type="checkbox"/> Not Installed	
THICKNESS OF STRATUM		Type _____ Diameter: _____	
DEPTH TO BOTTOM OF STRATUM		Slot/Gauze _____ Length _____	
<u>Clay sand</u>		Set between _____ ft and _____ ft	
<u>Gravel</u>		FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check	
<u>Sandrock</u>		<input type="checkbox"/> Blank above screen _____ ft Other _____	
		9 STATIC WATER LEVEL: <u>11</u> ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL below land surface	
		<u>20</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M.	
		<u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.	
		11 WELL HEAD COMPLETION <input checked="" type="checkbox"/> Flush adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
ADDED INFO BY DRILLER, ITEM NO.		12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft.	
CORRECTED BY		<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	
ADDITION BY		No. of bags of cement _____ Additives _____	
ELEVATION		13. Nearest source of possible contamination	
DEPTH TO ROCK		Type <u>Septic</u> Distance <u>70</u> ft. Direction <u>W</u>	
		Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only	
		Manufacturer's name <u>Trit</u>	
		Model number <u>501210</u> HP <u>1/2</u> Volts <u>230</u>	
		Length of Drop Pipe <u>25</u> ft capacity <u>10</u> G.P.M.	
		TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet	
		PRESSURE TANK:	
		Manufacturer's name <u>Wellx Tral</u>	
		Model number <u>202</u> Capacity <u>21</u> Gallons	
15. Remarks: elevation, source of data, etc.		16. WATER WELL CONTRACTOR'S CERTIFICATION:	
		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
		REGISTERED BUSINESS NAME <u>Leonard Well Drilling</u> 0404	
		Address <u>Springport</u>	
		Signed <u>M. Leonard</u> Date <u>4-11-83</u>	
		AUTHORIZED REPRESENTATIVE	

OCT 7 1977

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		Township Name		Fraction	Section Number	Town Number	Range Number
Calhoun		Albion		NW 1/4 SW NW 1/4	1	3 N.S.	4 E.W.
Distance And Direction from Road to intersection 1/2 mile west of 22 mile road on south side of Erie Road		3 OWNER OF WELL: Horton Marten Address 9899 Condit Road Albion					
Street address & City of Well Location		4 WELL DEPTH: (completed) Date of Completion 75 ft. 3-2-77					
Locate with "X" in section below		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>					
Sketch Map: 		6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>					
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/below Surface 17 ft. Weight 17 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Sand		12		12		8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
Sand rock		43		?		9 STATIC WATER LEVEL 2 ft. below land surface	
						10 PUMPING LEVEL below land surface 10 ft. after 2 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
						11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____	
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
						13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 25 ft.	
						14 Nearest Source of possible contamination Not installed Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Durbin Model Number 105NB10C HP 1 Volts 230 Length of Drop Pipe 20 ft. capacity 30 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Leonard Well Drilling 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address Springport M. Leonard Signed Date 5-14-77 AUTHORIZED REPRESENTATIVE					

USE A 2ND SHEET IF NEEDED

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

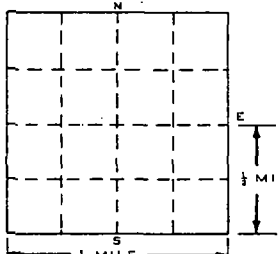
DEPTH TO ROCK

FEB 11 1972

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL		
County CALHOUN	Township Name ALBION	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 2	Town Number 3 N.S.	Range Number 4 E.W.
Distance And Direction from Road Intersections 1004 Locust Ln			Address 1045 Maple Albion		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion 100 ft. 8-20-71		
Locate with "X" in section below 			Sketch Map:		
2 FORMATION			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
			<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry		
			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial		
			<input type="checkbox"/> Test Well <input type="checkbox"/>		
THICKNESS OF STRATUM			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below		
			Diam. 4 in. to 40 ft. Depth		
			Surface 2 ft.		
			Weight 11 lbs./ft.		
			Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
DEPTH TO BOTTOM OF STRATUM			8 SCREEN:		
			Type: _____ Dia.: _____		
			Slot/Gauze _____ Length _____		
			Set between _____ ft. and _____ ft.		
			Fittings: _____		
sandy clay 28 28			9 STATIC WATER LEVEL		
silt sand rock 12 40			16 ft. below land surface		
Meadow Brook			10 PUMPING LEVEL below land surface		
sand rock 60 100			26 ft. after 2 hrs. pumping 30 g.p.m.		
			_____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million:		
			Iron (Fe) _____ Chlorides (Cl) _____		
			Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit		
			<input checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>		
			Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination		
			_____ feet _____ Direction SEWER Type		
			Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input checked="" type="checkbox"/> Not installed		
			Manufacturer's Name _____		
			Model Number _____ HP _____ Volts _____		
			Length of Drop Pipe _____ ft. capacity _____ G.P.M.		
			Type: <input type="checkbox"/> Submersible		
			<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
ADDED INFO. BY DRILLER, (Name)			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
CORRECTED BY:			Leonard Well Drilling 0404		
ADDITION BY:			REGISTERED BUSINESS NAME		
			Address Springport		
			Signed M. Leonard Date 8-28-71		
			AUTHORIZED REPRESENTATIVE		

USE A 2ND SHEET IF NEEDED

WATER WELL AND PUMP RECORD

PERMIT NUMBER

0466

1 LOCATION OF WELL			3 OWNER OF WELL:																							
County <u>CALHOUN</u>	Township Name <u>ALBION</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number <u>2</u>	Town Number <u>3</u> <u>N/S</u>	Range Number <u>4</u> <u>E/W</u>																					
Distance And Direction From Road Intersection			Address <u>VESTIL MANUFACTURING Co.</u> <u>Box 57 ALBION Mich</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
Street Address & City of Well Location <u>710 CASS ST ALBION</u>			Date of Completion <u>JULY 12, 1985</u>																							
Locate with "X" in Section Below			4 WELL DEPTH: (completed) <u>80</u> ft.																							
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>																							
			6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>																							
2 FORMATION DESCRIPTION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">FORMATION DESCRIPTION</th> <th style="width:10%;">THICKNESS OF STRATUM</th> <th style="width:10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td><u>FILL</u></td><td><u>3</u></td><td><u>3</u></td></tr> <tr><td><u>BROWN SANDY CLAY</u></td><td><u>3</u></td><td><u>6</u></td></tr> <tr><td><u>SAND & GRAVEL</u></td><td><u>7</u></td><td><u>13</u></td></tr> <tr><td><u>BROWN CLAY</u></td><td><u>8</u></td><td><u>21</u></td></tr> <tr><td><u>SAND</u></td><td><u>9</u></td><td><u>30</u></td></tr> <tr><td><u>SAND ROCK</u></td><td><u>50</u></td><td><u>80</u></td></tr> </tbody> </table>			FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<u>FILL</u>	<u>3</u>	<u>3</u>	<u>BROWN SANDY CLAY</u>	<u>3</u>	<u>6</u>	<u>SAND & GRAVEL</u>	<u>7</u>	<u>13</u>	<u>BROWN CLAY</u>	<u>8</u>	<u>21</u>	<u>SAND</u>	<u>9</u>	<u>30</u>	<u>SAND ROCK</u>	<u>50</u>	<u>80</u>	7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Diameter <u>5</u> in. to <u>4 1/2</u> ft. depth Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Grouded Drill Hole Diameter <u>8</u> in. to <u>7 1/2</u> ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																					
<u>FILL</u>	<u>3</u>	<u>3</u>																								
<u>BROWN SANDY CLAY</u>	<u>3</u>	<u>6</u>																								
<u>SAND & GRAVEL</u>	<u>7</u>	<u>13</u>																								
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<u>SAND ROCK</u>	<u>50</u>	<u>80</u>																								
8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____																										
9 STATIC WATER LEVEL: <u>15</u> ft. below land surface <input type="checkbox"/> Flow			10 PUMPING LEVEL: below land surface <u>40</u> ft. after <u>1</u> hrs. pumping at <u>18</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.																							
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			12 WELL GROUTED? <input type="checkbox"/> No <input type="checkbox"/> Yes From <u>0</u> to <u>49</u> ft. <input type="checkbox"/> Near cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____																							
13 Nearest source of possible contamination <u>50+ FEET</u> Type <u>SEWER</u> Distance _____ ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			14 PUMP: <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Pump Installation Only Manufacturer's name <u>BURK</u> Model number <u>10SNB10C</u> HP <u>1</u> Volts <u>230</u> Length of Drop Pipe <u>90</u> ft. capacity <u>18</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: <u>WXTROL</u> Manufacturer's name _____ Model number <u>WX252</u> Capacity <u>860</u> Gallons																							
15. Remarks, elevation, source of data, etc.			16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>SEBASTIAN & SONS</u> <u>1559</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>22731 W DRIVE NORTH SPRINGPORT Mich</u> Signed <u>William Sebastian</u> Date <u>JULY 12, 1985</u> AUTHORIZED REPRESENTATIVE																							

D67d 2/84

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978
 Completion: Required
 Penalty: Conviction of a violation of any provision is a misdemeanor.

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

County	Township Name	Fraction	Section Number	Town Number	Range Number
Calhoun	Albion	SW 1/4 SW 1/4 SW 1/4	2	3 N.S.	4 E.W.

Distance And Direction from Road Intersections **East side of**
M-99 Across Bridge
Street address & City of Well Location **Riverside Cemetery**

3 OWNER OF WELL:
City Clerk's Office
Address 112 W. Cass St
Albion, Michigan

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:

4 WELL DEPTH: (completed) Date of Completion
90 ft. 5/13/74

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐
Diam. _____

4 in. to 59 ft. Depth
_____ in. to _____ ft. Depth
Height: Above/Below
Surface 1 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

24 ft. below land surface

10 PUMPING LEVEL below land surface

25 ft. after 1 hrs. pumping 15 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐ _____
 Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination _____
 _____ feet _____ Direction _____ Type _____
 Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☐ Not installed

Manufacturer's Name Reda

Model Number 9D9P051 HP 1/2 Volts 230

Length of Drop Pipe 42 ft. capacity 12 G.P.M.

Type: ☒ Submersible ☐ Jet ☐ Reciprocating

16 Remarks, elevation, source of data, etc.

RECORDED BY T.T.
* ADDITION BY
ELIZABETH
DEATH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R. M. Brewer & Son Inc. **106**
REGISTERED BUSINESS NAME REGISTRATION NO.

Address Parma, Michigan 49269

Signed William Stever Date 5/20/74
AUTHORIZED REPRESENTATIVE

MAY 29 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

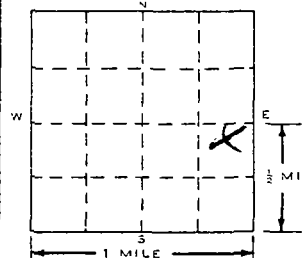
County CALHOUN Township Name ALBION Fraction NENE 1/4 Section Number 2 Town Number 3 Range Number 4

Distance And Direction from Road Intersections
1/2 mile east of Hannaly St
on east side of Locust Lane

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

J & S Equipment Co
Address 948 Golden Ave
Albion

4 WELL DEPTH: (completed) Date of Completion

90 ft. MAY 9 1974

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
Diam. Surface 12"

4 in. to 32 ft. Depth Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

<u>clay</u>	<u>7</u>	<u>7</u>
<u>soft brown sandstone</u>	<u>8</u>	<u>15</u>
<u>medium hard brown sandstone</u>	<u>15</u>	<u>30</u>
<u>medium hard sandstone</u>	<u>60</u>	<u>90</u>

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: NONE

9 STATIC WATER LEVEL

6 ft. below land surface

10 PUMPING LEVEL below land surface

PL ft. after 1 hrs. pumping 30 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) UNKNOWN
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☒ Yes ☐ No
☒ Neat Cement ☐ Bentonite ☐
Depth: From 0 ft. to 27 ft.

14 Nearest Source of possible contamination
SEWER feet SE Direction SEPTIC TANK FIELD (type)
Well disinfected upon completion ☐ Yes ☐ No

15 PUMP: ☐ Not installed
Manufacturer's Name Bluebonnet
Model Number 10N507K HP 1 Volts 230
Length of Drop Pipe 20 ft. capacity 8 G.P.M.
Type: ☒ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

CORRECTED BY

ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

LEONARD WELLS DRILLING CO 0404
REGISTERED BUSINESS NAME REGISTRATION NO.

Address

Signed

Date

AUTHORIZED REPRESENTATIVE

1 LOCATION OF WELL		County <u>Calhoun</u>		Township Name <u>Aten City</u>		Fraction <u>N 1/4 Sec 14 T 36 N R 10 E</u>		Section Number <u>2</u>		Town Number <u>3</u>		Range Number <u>1</u>	
Distance And Direction From Road Intersection <u>at the corner of Sec 14 T 36 N R 10 E</u>						3 OWNER OF WELL: <u>John Smith</u>							
Street Address & City of Well Location <u>1009 Locust Lane, Aten, Mo. 64224</u>						Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Locate with "X" in Section Below						4 WELL DEPTH: <u>60</u> FT. Date Completed <u>9/15/89</u> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
Sketch Map: 						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
2 FORMATION DESCRIPTION						THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>			
						<u>SAND & GRAVEL</u>		<u>28</u>		<u>20</u>		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded <u>5</u> in. to <u>40</u> ft. depth <u>7</u> in. to <u>40</u> ft. depth <u>7</u> in. to <u>40</u> ft. depth <u>7</u> in. to <u>40</u> ft. depth Height: Above/Below Surface <u>34</u> ft. Weight <u>34</u> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
										8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____			
										9 STATIC WATER LEVEL: <u>10</u> ft. below land surface <input type="checkbox"/> Flow			
										10 PUMPING LEVEL: below land surface <u>20</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
										11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			
										12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>40</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
										13 Nearest source of possible contamination Type <u>SEWER</u> Distance _____ ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
										14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Gould?</u> Model number <u>10ET5422HP</u> Volts <u>230</u> Length of Drop Pipe <u>30'</u> ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>A.O. Smith</u> Model number <u>V60</u> Capacity <u>42</u> Gallons			
										15. Remarks, elevation, source of data, etc.			
17. Rig Operator's Name:						16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>SEBASTIAN & SONS WELL DRILLING 1559</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>22731 11 DRIVE NORTH SPRINGPORT MI</u> Signed <u>William Sebastian</u> Date <u>9/15/89</u> AUTHORIZED REPRESENTATIVE							

WATER WELL RECORD

ACT-294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		Fraction		Section No.	Town	Range
County <u>CALHOUN</u>	Twp. <u>Albion</u>	<u>NE 1/4 SW 1/4</u>		<u>2</u>	<u>3</u> N/S.	<u>4</u> E/W.
Distance And Direction from Road Intersections <u>River Bend Drive</u>		OWNER No. 		3 OWNER OF WELL: <u>Richard O'Donohue</u> Address <u>Albion, Mich</u>		
Street address & City of Well Location <u>ALBION</u>		4 WELL DEPTH: (completed) <u>75</u> ft. Date of Completion <u>Nov 30, 1967</u>				
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____			
<u>CLAY</u>	<u>3</u>	<u>(3)</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____			
<u>brown soft sandrock</u>	<u>10</u>	<u>13</u>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Dig. <input type="checkbox"/> <u>4</u> in. to <u>28</u> ft. Depth Height: Above/Below surface _____ ft. Weight <u>11</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<u>grayish white medium hard sandrock</u>	<u>42</u>	<u>75</u>	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: <u>NONE</u>			
			9 STATIC WATER LEVEL <u>9</u> ft. below land surface			
			10 PUMPING LEVEL below land surface <u>15</u> ft. after _____ hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.			
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ <u>UNKNOWN</u>			
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade			
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.			
			14 SANITARY: <u>NOT INSTALLED YET</u> Nearest Source of possible contamination _____ feet _____ Direction <u>SEPTIC</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 PUMP: <u>DID NOT INSTALL</u> Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER. ITEM NO. _____ CORRECTED BY: _____ ADDITION BY: _____		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LEONARD WELL DRILLING</u> <u>6484</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>411 Springport</u> Signed <u>Marion Lechten</u> Date <u>12/11/67</u> AUTHORIZED REPRESENTATIVE				

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:	
County CALHOUN	Twp. Albion	Fraction NE 1/4 Sec 4 S 4 W 4	Section No. 2	Town 3 N. 4 E. W.
Distance And Direction from Road Intersections 1115 RIVERSBEND DRIVE			Address Albion	
Street address & City of Well Location ALBION			OWNER No. 	
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) 80 ft. Date of Completion Nov 28, 1967	
clay	4	4	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
fine sand & gravel	10	(13)	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
brown sandrock	7	20	7 CASING: Diam. 4 in. to 22 ft. Depth 22 ft. Height: Above/Below surface 1 ft. Weight 11 lbs/ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
medium hard white sandrock	40	80	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
			9 STATIC WATER LEVEL 5 ft. below land surface	
			10 PUMPING LEVEL below land surface 10 ft. after 5 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ UNKNOWN	
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
			14 SANITARY: NOT INSTALLED YET Nearest Source of possible contamination _____ feet _____ Direction SEPTIC Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			15 PUMP: DID NOT INSTALL Manufacturer's Name _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER. ITEM NO. _____ *CORRECTED BY: _____ **ADDITION BY: _____			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LEONARD WELL DRILLING 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address 311 Springport Signed Marvin Leonard Date 12/11/67 AUTHORIZED REPRESENTATIVE	

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

WATER WELL RECORD

Page

of

Sample No.

Permit No.

Owner No.

County

Calhoun

Twp.

Albion

Town

3S
25

Range

N/S. 4W

E/W.

Distance from Roads, Section Lines, etc.

Haven Hills

FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Owner:

A. Sanford--Contractor

Address:

Driller and Address:

Ben Musser

Well Depth:

Date of Completion

107

ft.

Sept. 15, 1943

☐ Cable tool☐ Rotary☐ Dug☐ R.C.☐ Driven☐ Jetted☐ BoredUse: ☐ Domestic☐ Public Supply☐ Industry☐ Irrigation☐ Air Conditioning☐ Dewatering☐ Test Well☐

Casing: Diam.

3

in. to 33

ft. Depth

Height: Above/Below

surface _____ ft.

Type-Weight

_____ in. to _____ ft. Depth

Screen:

Type: _____

Dia: _____

Slot/Gauze _____

Length _____

Set between _____ ft. and _____ ft.

Accessories:

Water level:

74

ft. above/below

LSD

_____ ft. above/below _____

Meas. by

Driller

Date

Contractor

5/44

Drawdown:

_____ ft. after _____ hrs. pumping

_____ g.p.m.

_____ ft. after _____ hrs. pumping

_____ g.p.m.

Meas. by

Driller

Date

Contractor

5/44

Flow:

g.p.m./g.p.h.

Temp: _____

°F

Water Quality in Parts Per Million:

Iron (Fe) _____

Chlorides (Cl) _____

Hardness _____

Elevation:

ft. above

Source of data:

Contractor

Driller

Record by:

lmt

Date: 10/24/66

Remarks:

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No. _____

Page _____

of _____

Sample No. _____

Owner No. _____

WATER WELL RECORD

County

Twp.

Town

Range

Distance from Roads, Section Lines, etc.

FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Owner:

Address:

Driller and Address:

Well Depth:

Date of Completion

☐ Cable tool☐ Rotary☐ Dug☐ R.C.☐ Driven☐ Jetted☐ BoredUse: ☐ Domestic☐ Public Supply☐ Industry☐ Irrigation☐ Air Conditioning☐ Dewatering☐ Test Well

Casing: Diam.

Height: Above/Below

_____ in. to _____ ft. Depth

surface _____ ft.

_____ in. to _____ ft. Depth

Type-Weight

Screen:

Type: _____

Dia: _____

Slot/Gauze _____

Length _____

Set between _____ ft. and _____ ft.

Accessories:

Water level:

_____ ft. above/below _____

_____ ft. above/below _____

Meas. by

Date

Drawdown:

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

Meas. by

Date

Flow:

g.p.m./g.p.h.

Temp:

°F

Water Quality in Parts Per Million:

Iron (Fe) _____

Chlorides (Cl) _____

Hardness _____

Elevation:

ft. above

Source of data:

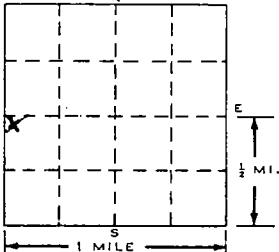
Record by:

Date:

Remarks:

MAR 29 1972

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Calhoun</u> Township Name <u>Albion</u> Fraction <u>NW 1/4 SW 1/4</u> Section Number <u>11</u> Town Number <u>3</u> Range Number <u>4</u> N.W.	
Distance And Direction from Road Intersections <u>1/2 mile north of D. Dr. & on East side of M 99</u>		3 OWNER OF WELL Address <u>Robert Miller</u> <u>3 Homer</u>	
Street address & City of Well Location		4 WELL DEPTH: (completed) <u>150</u> ft. Date of Completion <u>12-30-71</u>	
Locate with "X" in section below		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
Sketch Map: 		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
2 FORMATION		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
THICKNESS OF STRATUM		4 in. to <u>50</u> ft. Depth	
DEPTH TO BOTTOM OF STRATUM		in. to _____ ft. Depth	
<u>Clay</u>		8 SCREEN:	
<u>Clay sandy</u>		Type: _____ Dia.: _____	
<u>Sand rock</u>		Slot/Gauze _____ Length _____	
<u>14</u>		Set between _____ ft. and _____ ft.	
<u>14</u>		Fittings: _____	
<u>120</u>		9 STATIC WATER LEVEL	
<u>150</u>		<u>70</u> ft. below land surface	
		10 PUMPING LEVEL below land surface	
		<u>84</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m.	
		_____ ft. after _____ hrs. pumping _____ g.p.m.	
		11 WATER QUALITY in Parts Per Million:	
		Iron (Fe) _____ Chlorides (Cl) _____	
		Hardness _____ Other _____	
		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit	
		<input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
		13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>	
		Depth: From _____ ft. to _____ ft.	
		14 Nearest Source of possible contamination	
		<u>55</u> feet <u>SE</u> Direction <u>septic</u> Type _____	
		Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		15 PUMP:	
		<input type="checkbox"/> Not installed	
		Manufacturer's Name <u>Deputy Pump</u>	
		Model Number <u>5558P</u> HP <u>1/2</u> Volts <u>220</u>	
		Length of Drop Pipe <u>35</u> ft. capacity <u>42</u> G.P.M.	
		Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:	
ADDED INFO. BY DRILLER, ITEM NO.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
CORRECTED BY:		REGISTERED BUSINESS NAME <u>Leonard Well Drill</u> REGISTRATION NO. <u>0404</u>	
ADDITION BY:		Address <u>Springfield</u>	
		Signed <u>M. Leonard</u> Date <u>1/15/72</u>	
		AUTHORIZED REPRESENTATIVE	

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

1 LOCATION OF WELL

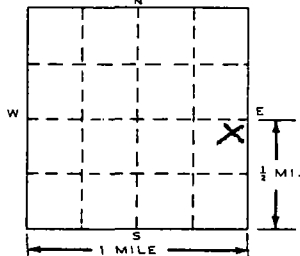
County Calhoun Township Name Albion Fraction NENESE Section Number 11 Town Number 3 N/S. Range Number 4 E/W.

Distance And Direction from Road Intersections
1 Mile south of R.D. 2 on west
side of 29 mile Road

Street address & City of Well Location
10275 29 mile Road
Albion

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay-sandy & stones	20	20
Gravel & stones	20	40
Sand rock	80	120

3 OWNER OF WELL:

Herbert Fox
Address 10275 29 mile Road
Albion

4 WELL DEPTH: (completed) Date of Completion

120 ft. 12-2-70

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐

Diam. 4 in. to 4 1/2 ft. Depth 11 lbs./ft.
Height: Above/Below
Surface 3 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

44 ft. below land surface

10 PUMPING LEVEL below land surface

77 ft. after 3 hrs. pumping 2.5 g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☐ No
☐ Neat Cement ☐ Bentonite ☐
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
40 feet N Direction septic Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☒ Not installed

Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ ft. capacity _____ G.P.M.
Type: ☐ Submersible
☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

Leonard Well Drilling 0404
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 111 Springport
Signed M. Leonard Date 12-3-70
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Calhoun Township Name Albion Fraction NW 1/4 SW 1/4 Section Number 11 Town Number 3 N.S. Range Number 4 E.W.

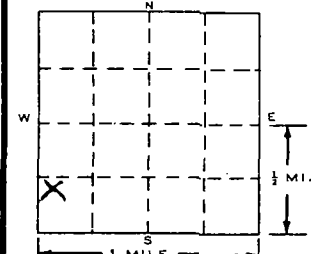
Distance and Direction from Road Intersections

1/2 mile north of M 99 on east side of M 99

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address Bert Miller
9250 25th Ave. S.E.
Albion Mich.

4 WELL DEPTH: (completed) Date of Completion

110 ft. 8-17-81

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

Diam. 4 in. to 13 ft. Depth 11 lbs./ft.
Surface 1 ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

45 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☒ Yes ☐ No

☐ Neat Cement ☒ Bentonite ☐
Depth: From 0 ft. to 45 ft.

14 Nearest Source of possible contamination

70 feet E Direction Septic Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☐ Not installed.

Manufacturer's Name Baulds
Model Number 1457 HP _____ Volts 230
Length of Drop Pipe 60 ft. capacity 10 G.P.M.
Type: ☒ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, WAMCORRECTED BY dkeADDITION BY dke

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME Leonard Well Drilling REGISTRATION NO. 0404
Address Springport
Signed M. Leonard Date 8-29-81
AUTHORIZED REPRESENTATIVE

JUN 23 1972

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County CALHOUN Township Name ALBION Fraction NW 1/4 SW 1/4 Section Number 11 Town Number 3 N/S. Range Number 4 E/W.

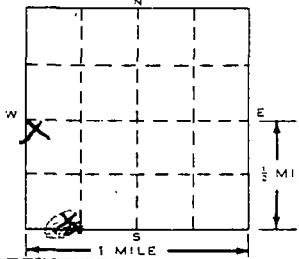
Distance And Direction from Road Intersections

1/2 mile North of 119 on north
1/2 mile South of 119 on south side

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay brown	14	14
Clay brown sandy	16	30
Red brown sandstone	5	35
medium hard white sandstone	11	46
medium hard brown sandstone	84	130
medium hard brownish white sandstone		
sandstone water bearing	20	150

3 OWNER OF WELL:

Public Health
Address 10451 Maple
Albion

4 WELL DEPTH: (completed) Date of Completion

150 ft. DEC 30 1971

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

4 in. to 50 ft. Depth Surface 1 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: NONE

9 STATIC WATER LEVEL

70 ft. below land surface

10 PUMPING LEVEL below land surface

84 ft. after 1 hrs. pumping 20 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million: UNKNOWN

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

55 feet SE Direction SEPTIC TANK FIELD Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible

☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

WELL NO. 119 WELLER NO. 119

WELL NO. 119

WELL NO. 119

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

LEONARD WELL DRILLING CO

REGISTERED BUSINESS NAME

REGISTRATION NO. 0404

Address Springport

Signed M. Leonard

AUTHORIZED REPRESENTATIVE

Date 1/8/72

11-3S-4W
 Albion Twp. (Calhoun Co.)

Perry Fulk

Harvey J. Martin et al No. 1

Permit No. 26634

Drilling Contractor: Don Scott Drilling Co., Inc. (Rotary O-4220)

Location: SW $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 11, T. 3S, R. 4W
 990' from north and 330' from west line of quarter section

Elevation: 996.5 feet above sea level (rot. bush.)

Record by: Wm. Iversen from geologic sample log submitted by the company;
 some formation tops from Schlumberger Gamma Ray-Neutron Log (Sj)

	Thickness (Feet)	Depth (Feet)
PERISTOCENE-MISSISSIPPIAN:		
Drift-Marshall:		
Sand and gravel	288	288 Sj
MISSISSIPPIAN:		
Coldwater:		
Shale, light gray-blue gray	984	1272 Sj
Sunbury:		
Shale, dark gray black-dark brown, carbonaceous	18	1290 Sj
Berca-Bedford:		
Shale, as above	38	1328 Sj
MISSISSIPPIAN-DEVONIAN:		
Antrim:		
Shale, as above	218	1546 Sj
DEVONIAN:		
Traverse Formation:		
Shale, light gray brown-gray, shaly limestone	42	1588 Sj
Traverse Limestone:		
Dolomite, white, tripolitic with much dense chert	7	1595
Limestone, white, fossiliferous, chalky with chert	11	1606
Shale, medium gray	13	1619
Limestone, gray-white, fossiliferous, some shaly limestone	170	1789 Sj
	(201)	
Dundee:		
Dolomite, buff-white, very finely sucrosic	49	1838 Sj
Detroit River:		
Dolomite, light brown, finely sucrosic with anhydrite	1	1839
Dolomite, as above with much white fibrous massive anhydrite	274	2113 Sj
	(275)	
DEVONIAN-SILURIAN:		
Bois Blanc-Bass Islands:		
Dolomite, white, dense, slightly sucrosic in part	89	2202 Sj
SILURIAN:		
Salina-Niagaran:		
Shale, medium gray	65	2267
Dolomite, gray-brown, sucrosic with gray shale	133	2400

11-3S-4W
Albion Twp. (Calhoun Co.)

Field
TD 4350 in Black River
Oil

Thomas B. Mask, Ray D. Markel, K. P. Wood, Jr.

Ben H. Wilson No. 1

Permit No. 23144

Drilling Contractor: McClure Drilling Corp. (Rotary)

Location: NW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ Section 11, T. 3S., R. 4W.
920' from South and 330' from West line of quarter section

Elevation: 1012.7 feet above sea level (rot. bush.)

Record by: J. Bolt from partial sample log submitted by the company; some formation
tops from Schlumberger Gamma Ray=Neutron (Schj.)

PLEISTOCENE:

Drift:

Drift

Thickness
(feet)

113

Depth
(feet)

113

MISSISSIPPIAN:

Marshall:

Sand, "Marshall"

182

295 Schj.

Coldwater:

Shale, "Coldwater"

998

1293 Schj.

Sunbury:

Shale, black, "Sunbury"

16

1309 Schj.

Berea-Bedford:

Shale, black, "Sunbury"

39

1348 Schj.

MISSISSIPPIAN-DEVONIAN:

Antrim:

Shale, "Ellsworth"

117

1465

Shale, black, "Antrim"

100

1565 Schj.

(217)

DEVONIAN:

Traverse Formation:

Shale, gray and shale, limy or lime, shaly

43

1608 Schj.

Traverse Limestone:

Limestone, tan, cherty

17

1625

Shale, gray, limy

15

1640

Limestone, variable tan and gray tan

5

1645

Limestone, variable tan and light gray, with fossils; a
little lime, shaly

10

1655

Limestone as above

25

1680

Lime, clean, drills fine

5

1685

As Limestone above (1688 EFM = 1688 SDF)

5

1690

Lime, shaly in part, with some anhydrite

10

1700

Limestone, dull tan and gray tan, fossils?

35

1735

COMPLETE

4-27-61

RECEIVED

DEPT. OF

858" 1013'

542" 4283'

11-3S-4W
Albion Twp. (Calhoun Co.)

Oil field (10)
TD 4356 in Black River (53)
Dry

Mask, Markel & Wood, Jr.

Ben H. Wilson No. 2

Permit No. 23547

Drilling Contractor: McClure Drilling Corp. (Rotary)

Location: SE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ Section 11, T. 3S, R. 4W
330' from South and 990' from West line of quarter section

Elevation: 1030.0 feet above sea level (rot. bush.)

Record by: William Mantek from sample log submitted by the company;
some formation tops from Schlumberger Gamma Ray-Neutron
Log (Schj)

	Thickness (feet)	Depth (feet)
PLEISTOCENE:		
Drift:		
"Drift"	60	60
MISSISSIPPIAN:		
Marshall:		
Sandstone, gray to white, shaly	265	325 Schj
Coldwater:		
Shale, light gray, soft	993	1318 Schj
Sunbury:		
Shale, brown to black, carbonaceous	17	1335 Schj
Berea - Bedford:		
Shale, gray	39	1374 Schj
MISSISSIPPIAN - DEVONIAN:		
Antrim:		
Shale, brown to black, carbonaceous	221	1595 Schj
DEVONIAN:		
Traverse Formation:		
Shale, medium brown, calcareous	41	1636 Schj
Traverse Limestone:		
Chert, light gray; with Dolomite, buff	19	1655
Limestone, gray, chalky	10	1665
Dolomite, buff, crystalline; with Chert	15	1680
Limestone, gray, slightly crystalline	32	1712
Limestone, light gray, mottled	6	1718
Limestone, medium gray, argillaceous	42	1760
Limestone, brown to gray, very argillaceous	23	1783
Limestone, light brown, crystalline	44	1827 Schj
	(191)	
Dundee:		
Limestone, light brown, crystalline	5	1832
Dolomite, brown, very sucrosic	42	1874 Schj
	(47)	

11-3S-4W
Albion Twp. (Calhoun Co.)

Field
TD 4245 in Trenton
Dry

Perry Fulk

Martin-Peak No. A-1

Permit No. 22610

Drilling Contractor: D. B. Lesh Drilling Co. (Rotary)

Location: NW $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$ section 11, T. 3S., R. 4W.
330' from North and 330' from West line of quarter section

Elevation: 1019.0 feet above sea level (rot. bush.)

Record by: R. J. Thompson from driller's log and some formation tops from Schlumberger log (Schj.)

PLEISTOCENE:

Drift:

Drift
Drift and gravel

Thickness (feet)	Depth (feet)
103	103
87	190
(190)	

MISSISSIPPIAN:

Marshall:

Shale, gray and gravel (?)
Shale with lime and anhydrite (?)

56	246
51	297 Schj.
(107)	

Coldwater:

Shale with lime and anhydrite
Shale, gray
Shale, gray and sand
Shale, gray
Shale, and lime
Shale
Shale, gray
Shale, gray and red

83	380
18	398
267	665
45	710
190	900
107	1007
278	1285
13	1298 Schj.
(1001)	

Sunbury:

Shale, black

17	1315 Schj.
----	------------

Berea-Bedford:

Shale, gray

35	1350 Schj.
----	------------

MISSISSIPPIAN-DEVONIAN:

Antrim:

Shale, black
Shale, green
Shale, gray brown
Shale, black

145	1495
40	1535
23	1558
11	1569 Schj.
(219)	

DEVONIAN:

Traverse Formation:

Shale, gray

41	1610 Schj.
----	------------

COMPLETED

CASING

RECORD

85/8 1007'

11-38-401
Albion Twp. (Calhoun Co.)

Exploratory
ID 4460 in Black River
Dry

C. B. Mansfield Drilling Co.

A. I. Root No. 1

Permit No. 21826

Drilling Contractor: B. & H. Drilling Co. (Rotary)

Location: NW 1/4 Sec 11, T. 3S., R. 4W.
990' from South and 300' from West line of quarter section

Elevation: 1008.0 feet above sea level (rot. bush.)

Record by: W. E. Mantek from geologic log submitted by the company; some formation
tops from Birdwell Radiation log (RA.)

PLEISTOCENE:

Drift:

Sand and gravel

Thickness
(feet)
76

Depth
(feet)
76

MISSISSIPPIAN:

Marshall:

Sand, brown and lime, gray

Sand, and lime, sandy

109
120
(229)

185
305

Coldwater:

Sand and shale

Lime and shale

Shale with some lime

Shale, dark to black

Shale, gray, red

90
100
75
400
345
(1010)

395
495
570
970
1315 RA.

Sunbury:

Shale, black

7

1322 RA.

Berea-Pedford:

Shale, gray

53

1375 RA.

MISSISSIPPIAN-DEVONIAN:

Antrim:

Shale, black

Shale, gray

Shale, black

155
34
24
(213)

1530
1564
1588 RA.

DEVONIAN:

Traverse Formation:

Shale, dark gray

Lime, brown

Shale, dark gray

22
15
3
(40)

1610
1625
1628 RA.

Traverse Limestone:

Lime, cherty

Lime, gray, cherty

Limestone, (gray); shale, gray

Limestone, tan and gray, cherty

Limestone, tan and gray

Limestone, gray

15
6
31
44
45
69
(210)

1643
1649
1680
1724
1769
1838 R. A.

COMPLETED

10-11-54
CASING

RECORD

10 3/4" 550'

WATER WELL AND PUMP RECORD

PERMIT NUMBER

131802

1 LOCATION OF WELL			3 OWNER OF WELL:																							
County <u>Calhoun</u>	Township Name <u>Albion</u>	Fraction <u>SW 1/4 SW 1/4 N 1/4 W 1/4</u>	Section Number <u>12</u>	Town Number <u>3</u> <u>NTS</u>	Range Number <u>4</u> <u>E/W</u>																					
Distance And Direction From Road Intersection <u>0.29 Mile approx 1/2 mile N of Albion / Albion Rd west side</u>			Address <u>10500 29 Mile Albion, MI 49224</u>																							
Street Address & City of Well Location Locate with "X" in Section Below			Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
			4 WELL DEPTH: Date Completed MO. <u>9</u> DAY <u>1</u> YEAR <u>88</u> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well <u>150</u> FT.																							
2 FORMATION DESCRIPTION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">FORMATION DESCRIPTION</th> <th style="width:10%;">THICKNESS OF STRATUM</th> <th style="width:10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td>Gravel & Clay Mixed</td><td>35</td><td>35</td></tr> <tr><td>Soft Sandrock Yellow</td><td>12</td><td>47</td></tr> <tr><td>Med Hard Sandrock Yellow Dry</td><td>28</td><td>75</td></tr> <tr><td>Sandrock Brown</td><td>20</td><td>95</td></tr> <tr><td>Sandrock Gray Med Hard</td><td>25</td><td>120</td></tr> <tr><td>Sandrock Gray Hard</td><td>30</td><td>150</td></tr> </tbody> </table>			FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Gravel & Clay Mixed	35	35	Soft Sandrock Yellow	12	47	Med Hard Sandrock Yellow Dry	28	75	Sandrock Brown	20	95	Sandrock Gray Med Hard	25	120	Sandrock Gray Hard	30	150	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>		
			FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																					
			Gravel & Clay Mixed	35	35																					
			Soft Sandrock Yellow	12	47																					
Med Hard Sandrock Yellow Dry	28	75																								
Sandrock Brown	20	95																								
Sandrock Gray Med Hard	25	120																								
Sandrock Gray Hard	30	150																								
6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>																										
7 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <u>6</u> in. to <u>48 1/2</u> ft. depth <u> </u> in. to <u> </u> ft. depth Grouted Drill Hole Diameter <u> </u> in. to <u> </u> ft. depth <u> </u> in. to <u> </u> ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
8 SCREEN: <input checked="" type="checkbox"/> Not installed Type <u> </u> Diameter <u> </u> Slot/Gauze <u> </u> Length <u> </u> Set between <u> </u> ft. and <u> </u> ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <u> </u> ft. Other <u> </u>																										
9 STATIC WATER LEVEL: <u>60</u> ft. below land surface <input type="checkbox"/> Flow			10 PUMPING LEVEL: below land surface <u>65</u> ft. after <u>2</u> hrs. pumping at <u>125</u> G.P.M. <u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.																							
11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>25</u> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Penecal</u> No. of bags of cement <u> </u> Additives <u> </u>																							
13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>200'</u> ft. Direction <u>West</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Goulds</u> Model number <u>70TG50412</u> HP <u>5</u> Volts <u>230</u> Length of Drop Pipe <u>80</u> ft. capacity <u>70</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>None Installed</u> Model number <u> </u> Capacity <u> </u> Gallons																							
15. Remarks, elevation, source of data, etc. 			16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>R. H. Brewer & Son, Inc.</u> REGISTERED BUSINESS NAME REGISTRATION NO. <u>0196</u> Address <u>217 Harrington Rd. Parma, Mich. 49269</u> Signed <u>[Signature]</u> Date <u>9/20/88</u> AUTHORIZED REPRESENTATIVE																							
17. Rig Operator's Name: <u>Ronald DeForest</u>																										

USE A 2ND SHEET IF NEEDED

WATER WELL AND PUMP RECORD

PERMIT NUMBER

KLF

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
- CALHOUN		ALBION		NW 1/4 NW 1/4 1/4		12		3-K/S		4		E/W	
Distance And Direction From Road Intersection 1/2 MILE SOUTH OF ALBION CONCORD ROAD & EAST OF 29 MILE ROAD													
Street Address & City of Well Location 29 MILE RD ALBION													
Locate with "X" in Section Below													
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL:							
BROWN SANDY CLAY		10		10		B & K BUILDERS							
sandy clay		25		35		Address 16235 ZUEHLE ROAD ALBION							
SAND ROCK		65		100		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						4 WELL DEPTH: (completed) 100 ft. Date of Completion MAY 10, 1986							
						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug							
						<input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public							
						<input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump							
						<input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>							
						7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded							
						Height: Above/Below Surface _____ ft.							
						Weight _____ lbs./ft.							
						Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No							
						8 SCREEN: <input checked="" type="checkbox"/> Not Installed							
						Type _____ Diameter _____							
						Slot/Gauze _____ Length _____							
						Set between _____ ft. and _____ ft.							
						FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check							
						<input type="checkbox"/> Blank above screen _____ ft. Other _____							
						9 STATIC WATER LEVEL: 31 ft. below land surface <input type="checkbox"/> Flow							
						10 PUMPING LEVEL: below land surface 51 ft. after 1 hrs. pumping at 30 G.P.M.							
						_____ ft. after _____ hrs. pumping at _____ G.P.M.							
						11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade							
						<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit							
						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 40 ft.							
						<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____							
						No. of bags of cement _____ Additives _____							
						13 Nearest source of possible contamination							
						Type SEPTIC Distance SE ft. Direction About 90'							
						Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only							
						Manufacturer's name GOULD PUMP COMPANY							
						Model number 10EVS422 HP 1/2 Volts 230							
						Length of Drop Pipe 51 ft. capacity 10 G.P.M.							
						TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet							
						PRESSURE TANK: WXTROK							
						Manufacturer's name WXTROK							
						Model number WXT202 Capacity 42 Gallons							
15. Remarks, elevation, source of data, etc.													
16. WATER WELL CONTRACTOR'S CERTIFICATION:													
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.													
SEBASTIAN & SONS 1559													
REGISTERED BUSINESS NAME REGISTRATION NO.													
Address 28731 U DRIVE NORTH SPRINGPORT													
Signed William Sebastian Date 5-10-86													
AUTHORIZED REPRESENTATIVE													

667d 2/84

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978
 Completion: Required
 Penalty: Conviction of a violation of any provision is a misdemeanor.

12-7

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Calhoun	Township Name Albion	Fraction SW 1/4 SE 1/4 SW 1/4	Section Number 10/2	Town Number 3=WS.	Range Number 4 EW.
--------------------------	--------------------------------	---	-------------------------------	-----------------------------	------------------------------

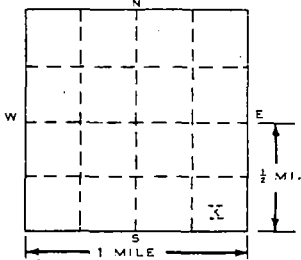
Distance And Direction from Road Intersections

2/10 Mi. W. of 30 Mi. on D Dr S. - N. Side

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

John Grundeman
Address 29787 E. Erie
Albion, Mi. 49224

4 WELL DEPTH: (completed) Date of Completion

110 ft. 9/80

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
 Diam. Surface 1 ft.
 Weight 11 lbs./ft.
 Drive Shoe? Yes ☒ No ☐

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Sand & Clay

15

15

Gravel & Stones

35

50

Sand Rock

60

110

8 SCREEN:

NONE

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

61 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

AIR TEST

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit☐ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☐ No☐ Neat Cement ☐ Bentonite ☐ Drilled and to

Depth: From _____ ft. to _____ ft. G.I.

14 Nearest Source of possible contamination

75 feet SE Direction S.T. TypeWell disinfected upon completion ☐ Yes ☐ No

15 PUMP: OTHERS

☐ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

*ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Chas. R. Kleinfelt & Son 0107

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address Charlotte, Mi. 48813

Signed Chas. R. Kleinfelt

AUTHORIZED REPRESENTATIVE

Date 9/17/80

DEC 03 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
Calhoun		Albion		SESESE		12		3		N.S.		4 W.	
Distance And Direction from Road Intersections 200' west of 3rd St. Road on north side of D. L. R.													
Street address & City of Well Location Locate with "X" in section below													
Sketch Map:													
3 OWNER OF WELL: M. B. Comfort 29993 D. L. R. Albion													
4 WELL DEPTH: (completed) Date of Completion 95 ft. 11-18-74													
5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>													
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>													
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. Surface 1 ft. 4 in. to 41 ft. Depth Weight 11 lbs./ft. in. to ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
8 SCREEN:													
Type: Dia.: Slot/Gauze Length Set between ft. and ft. Fittings:													
9 STATIC WATER LEVEL 60 ft. below land surface													
10 PUMPING LEVEL below land surface 70 ft. after 2 hrs. pumping 20 g.p.m. ft. after hrs. pumping g.p.m.													
11 WATER QUALITY in Parts Per Million: Iron (Fe) Chlorides (Cl) Hardness Other													
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade													
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From ft. to ft.													
14 Nearest Source of possible contamination 55 feet SE Direction Supt. Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name Model Number HP Volts Length of Drop Pipe ft. capacity G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating													
16 Remarks, elevation, source of data, etc. DRILLED BY DRILLER, INC. SUPERVISED BY T. T. ELEVATION DEPTH													
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Leonard Well Drilling, 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address Spruett Signed M. Leonard Date 11-20-74 AUTHORIZED REPRESENTATIVE													

USE A 2ND SHEET IF NEEDED

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County CALHOUN	Twp. ALBION	Fraction NE 1/4 NE 1/4 NE 1/4	Section No. 12	Town 3 N.S.	Range 4 E.W.
--------------------------	-----------------------	---	--------------------------	-----------------------	------------------------

Distance And Direction from Road Intersections

1st Place South Albion Concord Rd
ON W. side VAN WERT
Street address & City of Well Location

OWNER No.

3 OWNER OF WELL: **Harold Price**
Address **1005 S. DURAND**
JACKSON, MICHIGAN

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM**SANDY CLAY****10****10****SAND****36****(46)****Soft BROWN SAND ROCK****9****54****Hard BROWN SAND ROCK****19****73****GRAY SAND ROCK****77****150**

4 WELL DEPTH: (completed) Date of Completion

150 ft. 9-3-69

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ _____

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐ _____

7 CASING: Threaded ☒ Welded ☐
Diam. **5 in.** to **5 1/2 in.** Depth **1** ft.
Weight **15** lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

72 ft. below land surface

10 PUMPING LEVEL below land surface

72 ft. after **2** hrs. pumping **35** g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☐ Pitless Adapter ☒ 12" Above Grade

13 GROUTING:

Well Grouted? ☐ Yes ☒ NoMaterial: ☐ Neat Cement ☐ _____

Depth: From _____ ft. to _____ ft.

14 SANITARY:

Nearest Source of possible contamination

_____ feet _____ Direction _____ Type _____

Well disinfected upon completion ☒ Yes ☐ No15 PUMP: **Not Installed**

Manufacturer's Name _____

Model Number _____ HP _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible ☐ _____☐ Jet ☐ Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER. ITEM NO. _____

CORRECTED BY: _____

ADDITION BY: _____

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer SON

REGISTERED BUSINESS NAME

REGISTRATION NO. **106**Address **215 HARRINGTON Rd.**Signed **Michael Gage** Date **6-10-70**
AUTHORIZED REPRESENTATIVE

FEB 07 1974

WATER WELL RECORD

ACT 294

PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		TOWNSHIP NAME		Fraction	Section Number	Town Number	Range Number
Calhoun		Albion		SW 1/4	12	13 N.S.	4 E.W.
Distance And Direction from Road Intersections				3 OWNER OF WELL			
1/2 mile south of B Dr road on east side of 29 mile road				Huff & Hager Builders Address 11045 Maple Albion			
Street address & City of Well Location				4 WELL DEPTH: (completed) Date of Completion			
Locate with "X" in section below				100 ft. 1-31-74			
Sketch Map:				5 <input type="checkbox"/> Lead tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug			
				<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____			
2 FORMATION				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry			
Sand				<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial			
Gravel				<input type="checkbox"/> Test Well <input type="checkbox"/> _____			
Sand rock				7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below			
THICKNESS OF STRATUM				Diam. 4 in. to 37 ft. Depth			
DEPTH TO BOTTOM OF STRATUM				Surface 3 ft. Weight 17 lbs./ft.			
20				Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
10				8 SCREEN:			
70				Type: _____ Dia.: _____			
30				Slot/Gauze _____ Length _____			
100				Set between _____ ft. and _____ ft.			
				Fittings: _____			
				9 STATIC WATER LEVEL			
				4.5 ft. below land surface			
				10 PUMPING LEVEL below land surface			
				5.5 ft. after 2 hrs. pumping 30 g.p.m.			
				_____ ft. after _____ hrs. pumping _____ g.p.m.			
				11 WATER QUALITY in Parts Per Million:			
				Iron (Fe) _____ Chlorides (Cl) _____			
				Hardness _____ Other _____			
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit			
				<input checked="" type="checkbox"/> Pressure Adapter <input type="checkbox"/> 12" Above Grade			
				13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____			
				Depth: From _____ ft. to _____ ft.			
				14 Nearest Source of possible contamination			
				40 feet SE Direction Septe Type			
				Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 PUMP: <input checked="" type="checkbox"/> Not installed			
				Manufacturer's Name _____			
				Model Number _____ HP _____ Volts _____			
				Length of Drop Pipe _____ ft. capacity _____ G.P.M.			
				Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc.				17 WATER WELL CONTRACTOR'S CERTIFICATION:			
ADDED INFO BY DRILLER, ITEM NO.				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
*CORRECTED BY				Leonard Well Drilling 0404			
*CALCULATED BY				REGISTERED BUSINESS NAME			
ELEVATION				Address Springport			
DEPTH TO ROCK				Signed M. Leonard Date 2-2-74			
				AUTHORIZED REPRESENTATIVE			

USE A 2ND SHEET IF NEEDED

12-3S-4W
Albion Twp. (Calhoun Co.)

Exploratory
TD 4475 in Black River
Dry

C. B. Mansfield Drilling Co.

Nearnberg No. 1

Permit No. 21739

Drilling Contractor: P. & H. Drilling Co. (Rotary)

Location: NW 1/4 SE 1/4 NE 1/4 section 12, T. 3S., R. 4W.
990' from South and 990' from East line of quarter section

Elevation: 994.2 feet above sea level (rot. bush.)

Record by: W. E. Mantek from driller's log; some formation tops from Birdwell
Nuclear log (BN)

PLEISTOCENE:	Thickness (feet)	Depth (feet)
Drift:		
Sand and gravel drift	30	30
Drift	33 (63)	63
MISSISSIPPIAN:		
Michigan:		
Shale, gray green and brown and white sand	77	140
Marshall:		
Sand, brown to light and grayish white and brownish	185	325
Sand, white and brownish	100 (285)	425
Coldwater:		
Shale, gray	25	450
Shale, gray, sticky	120	570
Lime, gray	10	580
Shale, gray	130	710
Shale, dark gray with lime stringers	325	1035
Shale, gray; lime shelves	225	1260
Shale, gray and red; lime	50	1310
Shale stringers, gray and red	9 (394)	1319 BN
Sunbury:		
Shale, gray and black	13	1332 BN
Berea-Bedford:		
Shale, gray	46	1378 BN
COMPLETED MISSISSIPPIAN-DEVONIAN:		
8-28-59 Antrim:		
CASING Shale, black	172	1550
Shale, gray	27	1577
RECORD Shale, black	11 (210)	1588 BN
5-8-57 DEVONIAN:		
Traverse Formation:		
Shale, gray	24	1612
Lime, grayish	18	1630
Shale, black	8 (50)	1638 BN

AUG 01 1975

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		Country		Township Name		Fraction		Section Number		Town Number		Range Number	
Calhoun		Sharon		NW		NE		35		2		4	
Distance and Direction from Road Intersections													
3 miles south of Highway 1 on North side of Calhoun Road													
Street address & City of Well Location													
2701 Calhoun Road, Calhoun													
Locate with "X" in section below													
Sketch Map:													
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL:							
Sand		35		85		Kenneth Loun							
Lime rock		40		95		Address							
Sand rock		39		134		2701 Calhoun Road, Calhoun							
						4 WELL DEPTH: (completed) Date of Completion							
						134 ft. 7-9-75							
						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug							
						<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>							
						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry							
						<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial							
						<input type="checkbox"/> Test Well <input type="checkbox"/>							
						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/below							
						Diam. 4 in. to 42 ft. Depth Surface 3 ft.							
						Weight 11 lbs./ft.							
						Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
						8 SCREEN:							
						Type: _____ Dia.: _____							
						Slot/Gauze _____ Length _____							
						Set between _____ ft. and _____ ft.							
						Fittings: _____							
						9 STATIC WATER LEVEL							
						56 ft. below land surface							
						10 PUMPING LEVEL below land surface							
						47 ft. after 2 hrs. pumping 30 g.p.m.							
						_____ ft. after _____ hrs. pumping _____ g.p.m.							
						11 WATER QUALITY in Parts Per Million:							
						Iron (Fe) _____ Chlorides (Cl) _____							
						Hardness _____ Other _____							
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit							
						<input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade							
						13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>							
						Depth: From _____ ft. to _____ ft.							
						14 Nearest Source of possible contamination							
						40 feet N Direction Septic Type							
						Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						15 PUMP: <input checked="" type="checkbox"/> Not installed							
						Manufacturer's Name _____							
						Model Number _____ HP _____ Volts _____							
						Length of Drop Pipe _____ ft. capacity _____ G.P.M.							
						Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
USE A 2ND SHEET IF NEEDED													
16 Remarks, elevation, source of data, etc.						17 WATER WELL CONTRACTOR'S CERTIFICATION:							
ADDED INFO BY DRILLER, ITEM NO.						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.							
*CORRECTED BY						REGISTERED BUSINESS NAME							
**ADDITION BY						Address							
ELEVATION						Springport							
DEPTH TO ROCK						Signed M. Leonard							
						Date 8-12-75							
						AUTHORIZED REPRESENTATIVE							

D67d

100M (Rev. 12-68)

GEOLOGICAL SURVEY COPY

35-1

MAR 14 1975

WATER WELL RECORD

ACT-294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Calhoun	Township Name Sheridan	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 35	Town Number 2 N.S.	Range Number 4 E.W.
--------------------------	----------------------------------	---	-----------------------------	------------------------------	-------------------------------

Distance And Direction from Road Intersections

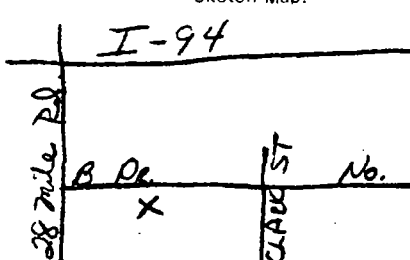
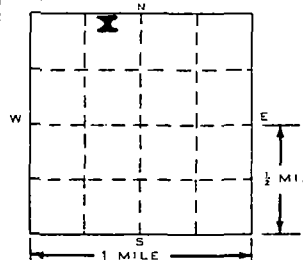
Between 28 Mile rd and Clark St.

Street address & City of Well Location

Same

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Gravelly clay and stone

63

63

Soft gray shale

7

70

Gray sandy shale

20

90

Gray sandrock muddy

40

130

Gray sandrock clear

20

150

3 OWNER OF WELL:

Address

**Adams Arms Motel
28328 B. Dr. North
Albion, Michigan**

4 WELL DEPTH: (completed) Date of Completion

150

ft.

8/9/74

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☐ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☒ **Sprinkler Pump Well**

7 CASING: Threaded ☒ Welded ☐Height: Above/Below
Surface **1** ft.

4 in. to **73** ft. Depth
 in. to ft. Depth

Weight **11** lbs./ft.
 Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: Dia.:
 Slot/Gauze Length
 Set between ft. and ft.
 Fittings:

9 STATIC WATER LEVEL

61 ft. below land surface

10 PUMPING LEVEL below land surface

62 ft. after **1** hrs. pumping **30** g.p.m.

ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)

Hardness Other

12 WELL HEAD COMPLETION: ☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite

Depth: From ft. to ft.

14 Nearest Source of possible contamination

feet Direction Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installedManufacturer's Name **Roda**Model Number **8D35P201** HP **2** Volts **230**Length of Drop Pipe **84** ft. capacity **25** G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ALLOD INFO BY DRILLER, ITEM NO.
 *CORRECTED BY
 **ADDITION BY
 ELEVATION
 DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc. **106**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **Parma, Michigan** **49269**Signed **William Steber** Date **8-30-74**

AUTHORIZED REPRESENTATIVE

100M (Rev. 12-68)

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35-2

WATER WELL-RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <u>CALHOUN</u>	Twp. <u>Sharon</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>	Section No. <u>35</u>	Town <u>2</u>	Range <u>4</u>
Distance And Direction from Road Intersections <u>125 Linwood St. Albion</u>			OWNER No. _____		
Street address & City of Well Location			Address <u>125 Linwood Albion Mich</u>		
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion	
<u>brown sand fine</u>		<u>36</u>	<u>36</u>	<u>100</u> ft.	
<u>fine sand and gravel</u>		<u>25</u>	<u>61</u>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<u>gravel</u>		<u>7</u>	<u>68</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____	
<u>soft brown sandstone</u>		<u>12</u>	<u>80</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry	
<u>medium hard to soft</u>		<u>20</u>		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial	
<u>gray sandstone</u>			<u>100</u>	<input type="checkbox"/> Test Well <input type="checkbox"/> _____	
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <u>2</u> ft. Weight <u>11</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____					
9 STATIC WATER LEVEL <u>35</u> ft. below land surface					
10 PUMPING LEVEL below land surface <u>45</u> ft. after <u>4</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ <u>UNKNOWN</u>					
12 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade					
13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.					
14 SANITARY: Nearest Source of possible contamination _____ feet <u>W</u> Direction <u>upstream</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15 PUMP: <u>DID NOT INSTALL</u> Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER. ITEM NO. _____ *CORRECTED BY: _____ **ADDITION BY: _____			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LEONARD WELL DRILLING</u> <u>6404</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address _____ Signed <u>Leonard</u> Date <u>11/25/67</u> AUTHORIZED REPRESENTATIVE		

JUL 23 1968

GEOLOGICAL SURVEY COPY

WATER WELL RECORD

35-5 ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County		Twp.	Fraction	Section No.	Town	Range
Calkoun		Shenandoah		SE 1/4	35	2	1/4	4
Distance And Direction from Road Intersections		OWNER No.		3 OWNER OF WELL				
1/4 mile east of M-10				ROB Fisher				
Street address & City of Well Location		VALHALL DR ALBION		Address R#2 ALBION BOX 377				
2	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion				
	sand brown	5	5	120 ft. June 20 1967				
	sandy clay brown	15	20	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug				
	yellow fine sand	17	(37)	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>				
	soft rock	3	40	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry				
	medium hard shale + sandstone	43		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial				
	mixed gray		83	<input type="checkbox"/> Test Well <input type="checkbox"/>				
	medium hard gray			7 CASING: <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <u>2'</u> ft.				
	sandstone	37	120	<u>4</u> in. to <u>49</u> ft. Depth Weight <u>11</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				8 SCREEN:				
				Type: _____ Dia.: _____				
				Slot/Gauze _____ Length _____				
				Set between _____ ft. and _____ ft.				
				Fittings: _____				
				9 STATIC WATER LEVEL <u>62</u> ft. below land surface				
				10 PUMPING LEVEL below land surface <u>70</u> ft. after <u>2</u> hrs. pumping <u>30</u> g.p.m.				
				_____ ft. after _____ hrs. pumping _____ g.p.m.				
				11 WATER QUALITY in Parts Per Million:				
				Iron (Fe) _____ Chlorides (Cl) _____				
				Hardness _____				
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade				
				13 GROUTING:				
				Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
				Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____				
				Depth: From _____ ft. to _____ ft.				
				14 SANITARY: <u>NOT INSTALLED YET</u>				
				Nearest Source of possible contamination _____ feet _____ Direction <u>SEPTIC</u> Type _____				
				Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
				15 PUMP: <u>DID NOT INSTALL</u>				
				Manufacturer's Name _____				
				Model Number _____ HP _____				
				Length of Drop Pipe _____ ft. capacity _____ G.P.M.				
				Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____				
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating				
16 Remarks, elevation, source of data, etc.				17 WATER WELL CONTRACTOR'S CERTIFICATION:				
ADDED INFO. BY DRILLER, ITEM NO.				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.				
*CORRECTED BY:				LEONARD WELL DRILLING <u>0404</u>				
CORRECTION BY:				REGISTERED BUSINESS NAME <u>0404</u> REGISTRATION NO.				
				Address <u>11 Springport</u>				
				Signed <u>Leonard</u> Date <u>6/24/67</u>				
				AUTHORIZED REPRESENTATIVE				

JUL 23 1968

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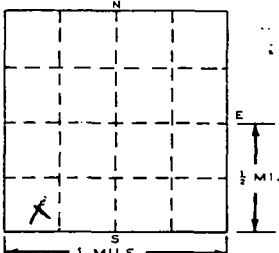
35-5

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WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL		
County <i>Calhoun</i>	Township Name <i>Sheldon</i>	Fraction <i>SW 1/4 SW 1/4</i>	Section Number <i>36 35</i>	Town Number <i>2 N.S.</i>	Range Number <i>4 E.W.</i>
Distance And Direction from Road Intersections			Address <i>Huberts Greenhough</i> <i>1598 East Michalbio</i>		
Street address & City of Well Location <i>1598 E Michalbio</i>			4 WELL DEPTH: (completed) Date of Completion <i>120 ft. aug 21 1972</i>		
Locate with "X" in section below Sketch Map: 			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. <i>5 in. to 60 surface</i> Surface <i>4 1/2</i> ft. Weight <i>15</i> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2 FORMATION			8 SCREEN:		
THICKNESS OF STRATUM			Type: <i>None</i> Dia.: <i>None</i>		
DEPTH TO BOTTOM OF STRATUM			Slot/Gauze <i>None</i> Length <i>None</i>		
<i>Sandy clay</i>			Set between <i>None</i> ft. and <i>None</i> ft.		
<i>Sandy gravel</i>			Fittings:		
<i>gravel & sand</i>			9 STATIC WATER LEVEL		
<i>Sand rock</i>			<i>42</i> ft. below land surface		
			10 PUMPING LEVEL below land surface		
			<i>52</i> ft. after <i>2</i> hrs. pumping <i>30</i> g.p.m.		
			_____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million:		
			Iron (Fe) <i>Unknown</i> Chlorides (Cl) _____		
			Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit		
			<input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>		
			Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination		
			<i>40</i> feet <i>5</i> Direction <i>septic</i> Type _____		
			Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP:		
			<input type="checkbox"/> Not installed		
			Manufacturer's Name <i>Decca Pump</i>		
			Model Number <i>105H10P</i> HP <i>1</i> Volts <i>220</i>		
			Length of Drop Pipe <i>50</i> ft. capacity <i>20</i> G.P.M.		
			Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, <i>Leon</i> CORRECTED BY. <i>C</i> ADDITION BY <i>30</i>			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Leon</i> REGISTERED BUSINESS NAME <i>Leon</i> REGISTRATION NO. <i>0404</i> Address <i>Springport</i> Signed <i>M. Leon</i> Date <i>9-23-72</i> AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294 PA 1965

35-5

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <i>Calamity</i>	Twp. <i>Sherridan</i>	Fraction <i>SE 1/4 Sec 6 E 1/4</i>	Section No. <i>35</i>	Town <i>2 N.S.</i>	Range <i>4 S.W.</i>
Distance And Direction from Road Intersections <i>1/4 mile east of Maple</i>		OWNER No. _____		3 OWNER OF WELL: <i>JOHN B. DWELLY</i>	
Street address & City of Well Location <i>VAL HALLER ALPINE</i>				Address <i>4595-19th Ave Marshall</i>	

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion
<i>sand in brown</i>	<i>15</i>	<i>15</i>	<i>120 ft. June 14, 1967</i>
<i>sand clay brown</i>	<i>10</i>	<i>25</i>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
<i>quartzite sand & gravel</i>	<i>15</i>	<i>40</i>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____
<i>soft black shale</i>	<i>4</i>	<i>44</i>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry
<i>medium hard gray shale</i>	<i>46</i>	<i>90</i>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial
<i>hard black mixed</i>			<input type="checkbox"/> Test Well <input type="checkbox"/> _____
<i>medium hard gray sandstone</i>	<i>30</i>	<i>120</i>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <i>8"</i> ft.
			<i>4</i> in. to <i>25</i> ft. Depth Weight <i>11</i> lbs./ft.
			____ in. to ____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			8 SCREEN:
			Type: _____ Dia.: _____
			Slot/Gauze _____ Length _____
			Set between _____ ft. and _____ ft.
			Fittings: _____
			9 STATIC WATER LEVEL <i>59</i> ft. below land surface
			10 PUMPING LEVEL below land surface <i>70</i> ft. after _____ hrs. pumping <i>30</i> g.p.m.
			____ ft. after _____ hrs. pumping _____ g.p.m.
			11 WATER QUALITY in Parts Per Million:
			Iron (Fe) _____ Chlorides (Cl) _____
			Hardness _____ <i>Very Hard</i>
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit
			<input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade
			13 GROUTING:
			Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____
			Depth: From _____ ft. to _____ ft.
			14 SANITARY: <i>NOT IN TABLE YET</i>
			Nearest Source of possible contamination _____ feet _____ Direction <i>SEPTIC</i> Type _____
			Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: <i>Did not install</i>
			Manufacturer's Name _____
			Model Number _____ HP _____
			Length of Drop Pipe _____ ft. capacity _____ G.P.M.
			Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____
			<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER. ITEM NO.

* CORRECTED BY:

* ADDITION BY:

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

LEONARD WELL DRILLING

0464

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

Signed

AUTHORIZED REPRESENTATIVE

Date 6/24/67

JUL 23 1968

GEOLOGICAL SURVEY COPY

35-7

MAY 23 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County <u>Calhoun</u>	Township/Name <u>Sheridan</u>	Fraction <u>SWNESE 1/4</u>
Section Number <u>35</u>		Range Number <u>2 N.S.</u>
Distance And Direction from Road Intersections <u>1.1 mile north of Crisp</u> <u>on west side of Martindale</u>		3 OWNER OF WELL: <u>Gordon Martin</u> Address <u>71, Albion</u>
Street address & City of Well Location		4 WELL DEPTH: (completed) <u>75</u> ft. Date of Completion <u>5-10-74</u>
Locate with "X" in section below	Sketch Map:	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>
2 FORMATION		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>4</u> in. to <u>29</u> ft. Depth
THICKNESS OF STRATUM		Height: Above/Below Surface <u>1 1/2</u> ft. Weight <u>17</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DEPTH TO BOTTOM OF STRATUM		8 SCREEN:
<u>Sand & gravel</u> <u>22</u> <u>22</u>		Type: _____ Dia.: _____
<u>Sand rock</u> <u>53</u> <u>75</u>		Slot/Gauze _____ Length _____
		Set between _____ ft. and _____ ft.
		Fittings: _____
		9 STATIC WATER LEVEL <u>10</u> ft. below land surface
		10 PUMPING LEVEL below land surface <u>20</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m.
		_____ ft. after _____ hrs. pumping _____ g.p.m.
		11 WATER QUALITY in Parts Per Million:
		Iron (Fe) _____ Chlorides (Cl) _____
		Hardness _____ Other _____
		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade
		13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>25</u> ft.
		14 Nearest Source of possible contamination <u>Not installed</u> Type _____
		Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No
		15 PUMP: <input checked="" type="checkbox"/> Not installed
		Manufacturer's Name _____
		Model Number _____ HP _____ Volts _____
		Length of Drop Pipe _____ ft. capacity _____ G.P.M.
		Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:
ADDITIONAL INFO BY DRILLER, ITEM NO. *CORRECTED BY: <u>JK</u> **ADDITION BY: <u>JK</u> ELEVATION _____ DEPTH TO ROCK _____		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard With Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springport</u> Signed <u>M. Leonard</u> Date <u>5-11-74</u> AUTHORIZED REPRESENTATIVE

D67d

100M (Rev. 12-68)

GEOLOGICAL SURVEY COPY

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
Calhoun		Sheridan		NW 1/4		35		2		N.S.		4 N.W.	
Distance And Direction from Road Intersection 3 miles south of B.D. on east side of Maple St													
Street address & City of Well Location 1100 Maple St Albion													
Locate with "X" in section below													
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL: D.L. Randall							
Sand		35		35		Address % A. E. Kilgour							
Lime rock		43		78		1959 Catalina Dr. Jackson M. 49201							
Sand rock		2		?		4 WELL DEPTH: (completed) 80 ft. Date of Completion 6-9-74							
				80		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug							
						<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>							
						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry							
						<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial							
						<input type="checkbox"/> Test Well <input type="checkbox"/>							
						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above Surface 1 1/2 ft.							
						4 in. to 4 1/2 ft. Depth Weight 11 lbs./ft.							
						in. to ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
						8 SCREEN: Type: Dia.: Slot/Gauze Length Set between ft. and ft. Fittings:							
						9 STATIC WATER LEVEL 21 ft. below land surface							
						10 PUMPING LEVEL below land surface 40 ft. after 3 hrs. pumping 20 g.p.m.							
						ft. after hrs. pumping g.p.m.							
						11 WATER QUALITY in Parts Per Million: Iron (Fe) Chlorides (Cl) Hardness Other							
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade							
						13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From ft. to ft.							
						14 Nearest Source of possible contamination 60 feet SE Direction Septic Type Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name Model Number HP Volts Length of Drop Pipe ft. capacity G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
16 Remarks													
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Registered Business Name: Leonard Well Drilling Registration No. 04104 Signed: M. Leonard Date: 4-12-74 AUTHORIZED REPRESENTATIVE													

RECEIVED
JUN 14 1976Calhoun County Health Department
Battle Creek, Mich.ADDED INFO BY DRILLER: ITEM NO. 9
CORRECTED BY
ADDITION BY
ELEVATION
DEPTH TO ROCK

JAN 02 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Range Number		Section Number		Town Number		Range Number	
CALHOUN		SHERIDAN		NE 1/4 NE 1/4		15		7 N.S.		4 E.W.			
Distance And Direction from Road Intersections		Street address & City of Well Location		Sketch Map:		3 OWNER OF WELL:		Address		Date of Completion			
Locate with "X" in section below		Sketch Map:		4 WELL DEPTH: (completed)		ft.		5		6 USE:			
				<input type="checkbox"/> Cable tool <input type="checkbox"/> Hollow rod <input type="checkbox"/> Rotary <input type="checkbox"/> Jetted <input type="checkbox"/> Driven <input type="checkbox"/> Bored <input type="checkbox"/> Dug		<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Public Supply <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Industry <input type="checkbox"/> Commercial		<input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. <input type="checkbox"/> Weight _____ lbs./ft. <input type="checkbox"/> Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>		7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. _____ in. to _____ ft. Depth _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>		8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		9 STATIC WATER LEVEL		10 PUMPING LEVEL below land surface		11 WATER QUALITY in Parts Per Million:		12 WELL HEAD COMPLETION:	
						_____ ft. below land surface		_____ ft. after _____ hrs. pumping _____ g.p.m.		Iron (Fe) _____ Chlorides (Cl) _____		<input checked="" type="checkbox"/> Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
						_____ ft. after _____ hrs. pumping _____ g.p.m.		_____ ft. after _____ hrs. pumping _____ g.p.m.		Hardness _____ Other _____		<input type="checkbox"/> Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
						14 Nearest Source of possible contamination		15 PUMP:		16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:	
						125 feet SW Direction <u>Septic</u> Type		<input type="checkbox"/> Not installed Manufacturer's Name <u>Burks</u> Model Number <u>542D</u> HP <u>1</u> Volts <u>115</u> Length of Drop Pipe <u>30</u> ft. capacity <u>212</u> G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Well Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springport</u> Signed <u>M. Leonard</u> Date <u>12-15-73</u> AUTHORIZED REPRESENTATIVE	

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

Signed

AUTHORIZED REPRESENTATIVE

Date